

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404330734

Date Received:
08/26/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

General

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714002387

Inspection Date: 08/12/2025

FIR Submit Date: 08/13/2025

FIR Status: _____

Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 326610

Location Name: SOWER FEDERAL GAS UNIT-N35N7W Number: 34NESW County: _____

Qtrqr: NESW Sec: 34 Twp: 35N Range: 7W Meridian: N

Latitude: 37.254997 Longitude: -107.626982

FACILITY - API Number: 05-067-00 Facility ID: 326610

Facility Name: SOWER FEDERAL GAS UNIT-N35N7W Number: 34NESW

Qtrqr: NESW Sec: 34 Twp: 35N Range: 7W Meridian: N

Latitude: 37.254997 Longitude: -107.626982

CORRECTIVE ACTIONS:

1 CA# 207181

Corrective Action: Storm water BMPs and erosion controls (ie: ecofiber, straw mulch, erosion control blankets, etc.) need to be installed and maintained on portions of the project area sparse and bare soils until soils are stabilized with desirable perennial vegetation.

Date: _____

Additional seeding efforts are needed.

Response: CA COMPLETED

Date of Completion: 08/26/2025

Stormwater issues on bare soils addressed, including reseeding.

Operator _____
Comment: _____

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed. See attachment for photos.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Lisa Paulek Signed: _____

Title: permitting specialist II Date: 8/26/2025 12:08:16 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
404330734	FIR RESOLUTION SUBMITTED
404330739	Sower Federal 2 completion photos

Total Attach: 2 Files