

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404334680

Date Received:
08/28/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 714001054

Inspection Date: 08/06/2024

FIR Submit Date: 08/09/2024

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: 311975

Location Name: LINDNER-M34N9W Number: 23SEnw County: _____

Qtrqr: SENW Sec: 23 Twp: 34N Range: 9W Meridian: M

Latitude: 37.176984 Longitude: -107.800740

FACILITY - API Number: 05-067- -00 Facility ID: 311975

Facility Name: LINDNER-M34N9W Number: 23SEnw

Qtrqr: SENW Sec: 23 Twp: 34N Range: 9W Meridian: M

Latitude: 37.176984 Longitude: -107.800740

CORRECTIVE ACTIONS:

1 CA# 197632

Corrective Action: Comply with rule 606, remove and properly dispose of debris.

Date: _____

Response: CA COMPLETED

Date of Completion: 08/28/2025

Operator
Comment:

Debris removed.

ECMC Decision: _____

ECMC
Representative:

2 CA# 197633

Corrective Action: Comply with rule 1003.f remove/treat weeds.

Date: _____

Continue monitoring and managing location for weeds to ensure compliance with interim vegetation regulations.

Response: CA COMPLETED

Date of Completion: 09/10/2024

Operator
Comment: Chemical removal of weeds on location.

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions for debris removal 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: 8/28/2025 10:53:48 AM

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>
404334680	FIR RESOLUTION SUBMITTED
404334694	Lindner 23-01 completion photos

Total Attach: 2 Files