

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:  
404348486

Date Received:  
09/10/2025

**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: 714002383

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: 333662

Location Name: MCCARVILLE GAS UNIT C #2 Number: 23NWSW County: \_\_\_\_\_  
-N33N9W

Qtrqtr: NWS Sec: 23 Twp: 33N Range: 9W Meridian: N  
W

Latitude: 37.086569 Longitude: -107.800806

**FACILITY** - API Number: 05-067-00 Facility ID: 333662

Facility Name: MCCARVILLE GAS UNIT C #2 Number: 23NWSW  
-N33N9W

Qtrqtr: NWS Sec: 23 Twp: 33N Range: 9W Meridian: N  
W

Latitude: 37.086569 Longitude: -107.800806

**CORRECTIVE ACTIONS:**

1 CA# 207182

Corrective Action: Comply with rule 605.

Date: 09/13/2025

Response: CA COMPLETED

Date of Completion: 09/09/2025

Operator Comment: Labels have been replaced on required equipment only. Remnants of old deteriorating labels that are not required will be removed permanently.

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

**2** CA# 207183

Corrective Action:

Date: 08/20/2025

Response: CA COMPLETED

Date of Completion: 09/09/2025

Operator  
Comment:

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Date: 9/10/2025 10:38:35 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>
404348486	FIR RESOLUTION SUBMITTED
404348490	McCarville C2C4_Completion photos

Total Attach: 2 Files