

**FORM
INSP**

Rev
X/20

**State of Colorado
Energy and Carbon Management Commission**

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



Inspection Date:

11/17/2025

Submitted Date:

11/17/2025

Document Number:

719000946

FIELD INSPECTION FORM

Loc ID 326059 Inspector Name: GARCIA, CHARLES On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

ECMC Operator Number: 10749
Name of Operator: SIMCOE LLC
Address: 1199 MAIN AVE SUITE 101
City: DURANGO State: CO Zip: 81301

Findings:

3 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
, General		sjninspections@ikavenergy.com	All Inspections
Labowskie, Steve		steve.labowskie@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
215795	WELL	PR	12/05/1989	CBM	067-07400	MAGOON FEDERAL B 1	PR

General Comment:

[Inspection Report Summary](#)
On 11/17/25 I Inspector Charles Garcia conducted an desktop follow up inspection.
Location: [MAGOON FEDERAL B1](#)
Operator: [Simcoe LLC](#)
API#: [067-07400](#)
County: [LaPlata](#)
DOC# [719000818](#)
FIR# [404434595](#) CA RESOLVED SEE LOCATION PICTURES DOC# [404434645](#)

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type				corrective date
Prime Mover	# 1			
Comment:	LUBE OIL CONTAINER WITH SPILL PREVENTION FOR PRIME MOVER THE SPILL PREVENTION IS APPROXIMATELY 3IN FROM TOP "Maintain adequate freeboard in spill prevention to prevent overflow. Fluid is discolored and may have some product mixed in, fluid should be disposed as waste in approved manner for type of chemical used CA RESOLVED SEE LOCATION PICTURES DOC#404434645			
Corrective Action:				Date: _____

Venting:

Yes/No			
Comment:			
Corrective Action:			Date: _____

Flaring:

Type		
Comment:		
Corrective Action:		Date: _____

Inspected Facilities

Facility ID: 215795 Type: WELL API Number: 067-07400 Status: PR Insp. Status: PR

Producing Well

Comment:

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 09/03/2025 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type:

End Surf Csg Pressure: 0

Comment:

Corrective Action:

Date:

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12