

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: <u>11/17/2025</u> Submitted Date: <u>11/17/2025</u> Document Number: <u>719000947</u>
FIELD INSPECTION FORM			

Loc ID 325860 Inspector Name: GARCIA, CHARLES On-Site Inspection 2A Doc Num: _____

Operator Information:

ECMC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

Status Summary:

THIS IS A FOLLOW UP INSPECTION

FOLLOW UP INSPECTION REQUIRED

NO FOLLOW UP INSPECTION REQUIRED

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
Labowskie, Steve		steve.labowskie@state.co.us	
, General		sjninspections@ikavenergy.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
215483	WELL	PR	05/18/1989	CBM	067-07088	ROBERT DULIN C 1	PR

General Comment:

[Inspection Report Summary](#)
 On 11/17/25 I Inspector Charles Garcia conducted an DESKTOP inspection.
 Location: ROBERT DULIN C 1
 Operator: Simcoe LLC
 API#: 067-07088
 County: LaPlata
 DOC#719000817
[FIR#404434682 CA RESOLVED SEE LOCATION PICTURES DOC#404434690](#)

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		
Comment:	TELEMTRY EQUIPMENT LUBE OIL CONTAINER WITH SPILL PREVENTION SPILL PREVENTION APPROXIMATELY 4 IN FROM TOP WITH STORM WATER SEE LOCATION PICTURES "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 FIR DOC#404434690	
Corrective Action:		Date: _____

Venting:

Yes/No		
Comment:		
Corrective Action:		Date: _____

Flaring:

Type		
Comment:		
Corrective Action:		Date: _____

Inspected Facilities

Facility ID: 215483 Type: WELL API Number: 067-07088 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