

**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:

03/03/2026

Submitted Date:

03/04/2026

Document Number:

719001512

**FIELD INSPECTION FORM**

Loc ID: 326636      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:**

- 15 Number of Comments
- 2 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
		ehsinspections@machnr.com	
Silver, Randy		randy.silver@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
260528	WELL	PR	06/29/2001	CBM	067-08500	TALIAFERRO TRUST A 2	PR

**General Comment:**

Inspection Report Summary  
On 3/4/26 I Inspector Charles Garcia conducted an on-site inspection.  
Location: TALIAFERRO TRUST A2  
Operator: Simcoe LLC  
API#: 067-08500  
County: LaPlata  
All prior CA's still stand.

**Location**

Overall Good:

<b>Signs/Marker:</b>			
Type	OTHER		
Comment:	LOCATION SIGN AT ENTRANCE		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:	PRODUCED WATER TANK		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	Contact # 970-247-6916 Emergency #911		
Corrective Action:			Date:

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	SEPARATOR		
Comment:	CATTLE PANELS		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	CATTLE PANELS		
Corrective Action:			Date:
Type	LOCATION		
Comment:	CHAIN LINK		
Corrective Action:			Date:
Type	OTHER		
Comment:	METER HOUSE CATTLE PANELS		
Corrective Action:			Date:
Type	PUMP JACK		
Comment:	CATTLE PANELS		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Vertical Heated Separator	# 1		

Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	SPILL PREVENTION FOR EXUAST FULL		
Corrective Action:	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		Date: 03/06/2026
Type: Other	# 1		
Comment:	WELLHEAD		
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Meter calibration record not legible or conspicuously displayed at meter or meter not calibrated within the last 12 months		
Corrective Action:	Display legible meter calibration record in conspicuous location to comply with rule 430.d.(2).		Date: 03/13/2026
Type: Flow Line	# 1		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:	TELEMETRY EQUIPMENT LUBE OIL CONTAINER WITH SPILL PREVENTION		
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	PBV STEEL		37.246400,-107.583100
Comment:	21 BBL PRODUCED WATER TANK				
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:				Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**

Facility ID: 260528 Type: WELL API Number: 067-08500 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Corrective Action:

Date:

**BradenHead**

Date of Last Brhd Test: 10/13/2025 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

**Reclamation - Storm Water - Pit**

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT

**Attached Documents**

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
719001518	LOCATION PICTURES	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7468939">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7468939</a>