

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:
404569344

Date Received:
03/06/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:
3 of 3 CAs from the FIR responded to on this Form
3 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 |
| <u>MACH EH&S</u> | | <u>ehsinspections@machnr.com</u> |

ECMC INSPECTION SUMMARY:

FIR Document Number: 721100104
Inspection Date: 02/02/2026 FIR Submit Date: 02/05/2026 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: 326021

Location Name: OPAL LECHNER GAS UNIT Number: 6SWNW County: LA PLATA
A-N33N8W
Qtrqtr: SWN Sec: 6 Twp: 33N Range: 8W Meridian: N
W
Latitude: 37.136167 Longitude: -107.764450

FACILITY - API Number: 05-067- -00 Facility ID: 215731

Facility Name: OPAL LECHNER A Number: 1
Qtrqtr: SWN Sec: 6 Twp: 33N Range: 8W Meridian: N
W
Latitude: 37.136167 Longitude: -107.764450

CORRECTIVE ACTIONS:

1 CA# 210833

Corrective Action: Remove stained gravel and properly dispose per1002.f.(2).D Photos 6 and 7. Date: 03/09/2026

Response: CA COMPLETED Date of Completion: 03/06/2026

Operator Comment: Stained soil at wellhead removed.

ECMC Decision:

ECMC
Representative:

[Empty text box]

2 CA# 210834

Corrective Action: Secure sign to display properly to comply with 605.d.

Date: 03/09/2026

Response: CA COMPLETED

Date of Completion: 03/06/2026

Operator Comment: Sign put upright and secured.

[Empty text box]

ECMC Decision:

[Empty text box]

ECMC
Representative:

[Empty text box]

3 CA# 210835

Corrective Action: Secure sign to display properly to comply with 605.d.

Date: 03/09/2026

Response: CA COMPLETED

Date of Completion: 03/06/2026

Operator Comment: Sign put upright and secured.

[Empty text box]

ECMC Decision:

[Empty text box]

ECMC
Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions completed.

[Empty text box]

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Matthew Baca

Signed:

Title: Regulatory/Compliance

Date: 3/6/2026 10:33:16 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number Description

| | |
|-----------|-------------------|
| 404569369 | Wellhead and Sign |
|-----------|-------------------|

Total Attach: 1 Files