

State of Colorado
Energy & Carbon Management Commission



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Document Number:
404637631

Date Received:
04/28/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:
4 of 4 CAs from the FIR responded to on this Form
4 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>Blair, Jamie</u>		<u>jamie.blair@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>
<u>Natural, Mach</u>		<u>ehsinspections@machnr.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 721100275
Inspection Date: 03/24/2026 FIR Submit Date: 03/24/2026 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: 325647

Location Name: LARSEN-N34N9W Number: 12NWSE County: LA PLATA
Qtrqtr: NWSE Sec: 12 Twp: 34N Range: 9W Meridian: N
Latitude: 37.219212 Longitude: -107.800520

FACILITY - API Number: 05-067-00 Facility ID: 215162

Facility Name: LARSEN Number: 01-12 1
Qtrqtr: NWSE Sec: 12 Twp: 34N Range: 9W Meridian: N
Latitude: 37.219212 Longitude: -107.800520

CORRECTIVE ACTIONS:

1 CA# 211815

Corrective Action: 1) Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e
2) Non E&P Waste not properly stored, handled, transported, treated, or disposed per Rule 906.

Date: 03/26/2026

Response: CA COMPLETED

Date of Completion: 04/28/2026

Operator Comment: Stuffing box repaired.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 211816

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 04/24/2026

Response: CA COMPLETED

Date of Completion: 04/28/2026

Operator Comment: Meter card updated. Orifice plate inspection form provided.

ECMC Decision: _____

ECMC Representative: _____

3 CA# 211817

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes to comply with 1002.f.(2).D.

Date: 03/30/2026

Response: CA COMPLETED

Date of Completion: 04/28/2026

Operator Comment: Stained soil removed and ground cleaned.

ECMC Decision: _____

ECMC Representative: _____

4 CA# 211818

Corrective Action: Post correct operator information to comply with 605.a.

Date: 04/24/2026

Response: CA COMPLETED

Date of Completion: 04/28/2026

Operator Comment: Wellsite sign repaired new label

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions completed.

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: _____

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>
404637643	Completed Work

Total Attach: 1 Files