

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:
404643161

Date Received:
05/01/2026

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 2 CAs from the FIR responded to on this Form

1 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>
<u>McDonough, Corey</u>		<u>corey.mcdonough@state.co.us</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 719001819

Inspection Date: 04/23/2026

FIR Submit Date: 04/23/2026

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: 325774

Location Name: BARNES GAS UNIT A- N33N9W Number: 2NESE County: LA PLATA

Qtrqtr: NESE Sec: 2 Twp: 33N Range: 9W Meridian: N

Latitude: 37.130858 Longitude: -107.790917

FACILITY - API Number: 05-067-00 Facility ID: 215361

Facility Name: BARNES A Number: 1

Qtrqtr: NESE Sec: 2 Twp: 33N Range: 9W Meridian: N

Latitude: 37.130858 Longitude: -107.790917

CORRECTIVE ACTIONS:

1 CA# 212405

Corrective Action: Keep areas around electric panels, wellheads, tanks and separators clear of weeds (potentially combustible material) per Rule 610.k

Date: 04/30/2026

Response: CA COMPLETED

Date of Completion: 05/01/2026

Operator Comment: Hay bales removed off location and from equipment.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Partial complete. Hay bales removed off location. MACH Land Department will continue to work trying to enforce landowner to remove their property off location.

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: 5/1/2026 11:16:40 AM

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>
404643161	FIR RESOLUTION SUBMITTED
404643204	Hay Bales removed

Total Attach: 2 Files