

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
402667378

Date Received:  
04/22/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

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

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900

City: HOUSTON State: TX Zip: 77002

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

General

sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693902213

Inspection Date: 09/01/2020

FIR Submit Date: 09/02/2020

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY

Company Number: 10000

Address: 1199 MAIN AVENUE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 325963

Location Name: GARCIA GAS UNIT-N35N8W Number: 21NESE County: LA PLATA

Qtrqr: NESE Sec: 21 Twp: 35N Range: 8W Meridian: N

Latitude: 37.284885 Longitude: -107.744897

FACILITY - API Number: 05-067-00 Facility ID: 215641

Facility Name: GARCIA Number: 1

Qtrqr: NESE Sec: 21 Twp: 35N Range: 8W Meridian: N

Latitude: 37.284885 Longitude: -107.744897

CORRECTIVE ACTIONS:

1 CA# 141673

Corrective Action: Erosion controls (ie erosion blankets, fiber bonded mulch products, etc.) need to be installed and maintained on the well pad cut-slopes until properly stabilized with desirable perennial vegetation. Erosion controls need to be selected, sized, installed, and maintained according to good engineering practices such as those described by CDOT in their erosion control manuals.

Date: 10/30/2020

Response: CA COMPLETED

Date of Completion: 04/21/2021

Operator Comment:

Seeded bare soils, Applied Soil Amendments and Mulched Slopes.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Corrective Action Completed. See Attached

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

Print Name: Karin Rhodes

Signed: \_\_\_\_\_

Title: Admin Asst

Date: 4/22/2021 7:39:34 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402667387	Pictures of work completed
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Total Attach: 1 Files