

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:

402809033

Date Received:

09/13/2021

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: 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

General

sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693903457

Inspection Date: 07/23/2021

FIR Submit Date: 07/26/2021

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

Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900

City: HOUSTON State: TX Zip: 77002

LOCATION - Location ID: 325860

Location Name: ROBERT DULIN GAS UNIT Number: 30SENW County: LA PLATA  
"C"-N35N6W

Qtrqtr: SENW Sec: 30 Twp: 35N Range: 6W Meridian: N

Latitude: 37.275157 Longitude: -107.573058

FACILITY - API Number: 05-067- -00 Facility ID: 215483

Facility Name: ROBERT DULIN C Number: 1

Qtrqtr: SENW Sec: 30 Twp: 35N Range: 6W Meridian: N

Latitude: 37.275157 Longitude: -107.573058

CORRECTIVE ACTIONS:

1 CA# 154160

Corrective Action: -Stormwater controls (ie: BMPs) and erosion controls (ie: erosion control blanket, revegetation, etc.) need to be installed to stabilize erosion on the well pad cut-slope by 8/26/2021. 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: 08/26/2021

Response: CA COMPLETED

Date of Completion: 09/09/2021

Work is completed - photos attached.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

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

COGCC  
Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: CA Completed - photos attached

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: 9/13/2021 12:18:12 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402809041	Work Completed Robert Dulin C 1
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Total Attach: 1 Files