

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:
402887605

Date Received:
12/06/2021

FIR RESOLUTION FORM

Overall Status:

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: 693903805

Inspection Date: 10/27/2021

FIR Submit Date: 11/01/2021

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: 333472

Location Name: COUCH GAS UNIT 01-16U- M34N7W Number: 16NWSE County: LA PLATA

Qtrqtr: NWSE Sec: 16 Twp: 34N Range: 7W Meridian: M

Latitude: 37.190312 Longitude: -107.610957

FACILITY - API Number: 05-067- -00

Facility ID: 289442

Facility Name: COUCH 01-16U Number: 3

Qtrqtr: NWSE Sec: 16 Twp: 34N Range: 7W Meridian: M

Latitude: 37.190312 Longitude: -107.610957

CORRECTIVE ACTIONS:

1 CA# 157343

Corrective Action: Stormwater and erosion controls need to be installed to stabilize erosion within the project area. Stormwater and erosion controls need to be selected, sized, installed, and maintained according to good engineering practices, and remain in place until location is stabilized with desirable perennial vegetation.

Date: 11/20/2021

Response: CA COMPLETED

Date of Completion: 12/03/2021

Operator Comment: Installed two new rock run outs; Cleaned out existing rock run outs; Install berm around location; Smoothed out ruts on location.

COGCC Decision: _____

COGCC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: CA Completed

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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: 12/6/2021 9:31:37 AM

ATTACHMENT LIST

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

Document Number **Description**

402887608	work completed photos
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Total Attach: 1 Files