

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:  
402885731

Date Received:  
12/02/2021

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: 693902973

Inspection Date: 03/16/2021

FIR Submit Date: 03/23/2021

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: 306794

Location Name: FC SOUTHERN UTE COM 005-N33N9W Number: 9SWNW County: LA PLATA

Qtrqtr: SWN W Sec: 9 Twp: 33N Range: 9W Meridian: N

Latitude: 37.118914 Longitude: -107.837826

FACILITY - API Number: 05-067-00 Facility ID: 265956

Facility Name: FC SOUTHERN UTE COM 005 Number: 2

Qtrqtr: SWN W Sec: 9 Twp: 33N Range: 9W Meridian: N

Latitude: 37.118914 Longitude: -107.837826

CORRECTIVE ACTIONS:

1  CA# 147576

Corrective Action: -Weed infestation identified during a 2018 reclamation inspection remains uncontrolled. Control weeds. Corrective action is back-dated to 6/15/2018 (original corrective action date).

Date: 06/15/2018

Response: CA COMPLETED

Date of Completion: 12/02/2021

Sprayed weeds 05/23/2021 and 10.13.21. Drive by 12/2/21 reflects no weeds on pad or access roads. Will

Operator Comment: continue to monitor this site for weeds in 2022.

COGCC Decision: Approved pending re-inspection

COGCC Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA completed

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: 12/2/2021 2:32:50 PM

**ATTACHMENT LIST**

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

| <u>Document Number</u> | <u>Description</u>               |
|------------------------|----------------------------------|
| 402885731              | FIR RESOLUTION SUBMITTED         |
| 402885743              | treatment sheet at site 10.11.21 |
| 402885749              | treatment sheet 5.23.21          |

Total Attach: 3 Files