

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:

403127892

Date Received:

08/05/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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
<u>General</u>		<u>sjninspections@ikavenergy.com</u>
<u>Labowskie, Steve</u>		<u>steve.labowskie@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 702500076

Inspection Date: 06/15/2022

FIR Submit Date: 06/16/2022

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: 326566

Location Name: SOUTHERN UTE ALLOTTEE Number: 19NWNE County: LA PLATA
GU BC-M34N8W

Qtrqtr: NWNE Sec: 19 Twp: 34N Range: 8W Meridian: M

Latitude: 37.181050 Longitude: -107.755451

FACILITY - API Number: 05-067-00 Facility ID: 258061

Facility Name: SOUTHERN UTE ALLOTTEE Number: 2
BC

Qtrqtr: NWNE Sec: 19 Twp: 34N Range: 8W Meridian: M

Latitude: 37.181050 Longitude: -107.755451

CORRECTIVE ACTIONS:

1 CA# 162735

Corrective Action: Remove stored supplies per rule 606.

Date: 08/15/2022

Response: CA COMPLETED

Date of Completion: 07/29/2022

Operator Comment: Unused supplies removed from location.

COGCC Decision: _____

COGCC
Representative:

2 CA# 162736

Corrective Action: Date: 06/23/2022

Response: CA COMPLETED

Date of Completion: 07/29/2022

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

3 CA# 162737

Corrective Action: Date: 07/01/2022

Response: CA COMPLETED

Date of Completion: 07/29/2022

Operator
Comment:

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Grace Bryson

Signed: _____

Title: Permitting Specialist I

Date: 8/5/2022 11:20:45 AM

ATTACHMENT LIST

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

Document Number Description

403127895	SU Allottee BC 2, CA Completion Photos
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Total Attach: 1 Files