

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:
403138758

Date Received:
08/17/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 702500313

Inspection Date: 08/01/2022

FIR Submit Date: 08/01/2022

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: 326118

Location Name: SMITH WOLTER GU B- N34N7W Number: 4SWNW County: LA PLATA

Qtrqtr: SWN Sec: 4 Twp: 34N Range: 7W Meridian: N
W

Latitude: 37.247134 Longitude: -107.647101

FACILITY - API Number: 05-067-00 Facility ID: 215896

Facility Name: SMITH-WOLTER B Number: 1

Qtrqtr: SWN Sec: 4 Twp: 34N Range: 7W Meridian: N
W

Latitude: 37.247134 Longitude: -107.647101

CORRECTIVE ACTIONS:

1 CA# 163670

Corrective Action: Confirm gas meter calibration is within the last year per rule 430.d.(1).
Display legible meter calibration record in conspicuous location to comply with rule 430.d.(2).

Date: 09/01/2022

Response: CA COMPLETED

Date of Completion: 08/03/2022

Operator Comment: Test of meter completed on 8/3/2022.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 163671

Corrective Action: Install or repair/modify required BMPs per Rule 1002.f.(2)C

Date: 08/17/2022

Response: CA COMPLETED

Date of Completion: 08/16/2022

Operator Comment: Repaired erosion channels on cut bank and added a berm on the edge of location to direct water around the pad. Repaired road.

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: CAs complete. See attached photos.

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: 8/17/2022 9:59:52 AM

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>
403138791	Smith Wolter B1, CA Completion Photos
403138793	Smith Wolter B1, CA Completion Photos Calibration

Total Attach: 2 Files