

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:
403181241

Date Received:
09/28/2022

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: 702500344

Inspection Date: 08/25/2022

FIR Submit Date: 08/25/2022

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: 325411

Location Name: XAVIER GAS UNIT-N34N8W Number: 11NWSE County: LA PLATA

Qtrqtr: NWSE Sec: 11 Twp: 34N Range: 8W Meridian: N

Latitude: 37.227903 Longitude: -107.711528

FACILITY - API Number: 05-067-00 Facility ID: 214733

Facility Name: XAVIER Number: 1

Qtrqtr: NWSE Sec: 11 Twp: 34N Range: 8W Meridian: N

Latitude: 37.227903 Longitude: -107.711528

CORRECTIVE ACTIONS:

1 CA# 164123

Corrective Action:

Date: 09/25/2022

Response: CA COMPLETED

Date of Completion: 09/06/2022

Operator Comment:

COGCC Decision: _____

COGCC
Representative:

2 CA# 164124

Corrective Action: Remove oily residue and impacted material and dispose of in approved manner per rule 906 and 1002.f.

Date: 09/09/2022

Response: CA COMPLETED

Date of Completion: 09/06/2022

Operator
Comment:

Wellhead impacted soil removed.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA Completed; See attached completion photos.

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

Print Name: Gabby Riley

Signed: _____

Title: Permitting Specialist I

Date: 9/28/2022 3:58:05 PM

ATTACHMENT LIST

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

Document Number **Description**

403181251	Xavier 1; CA Completion Photos
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Total Attach: 1 Files