

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:

403181168

Date Received:

09/28/2022

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
<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: 702500433

Inspection Date: 09/12/2022

FIR Submit Date: 09/12/2022

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: 325694

Location Name: MASON, ARTHUR GAS UNIT Number: 20SWSW County: LA PLATA  
A-M34N9W

Qtrqtr: SWS Sec: 20 Twp: 34N Range: 9W Meridian: M  
W

Latitude: 37.172021 Longitude: -107.855152

FACILITY - API Number: 05-067- -00 Facility ID: 215244

Facility Name: ARTHUR MASON A Number: 1

Qtrqtr: SWS Sec: 20 Twp: 34N Range: 9W Meridian: M  
W

Latitude: 37.172021 Longitude: -107.855152

CORRECTIVE ACTIONS:

1  CA# 164492

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

Date: 09/28/2022

Response: CA COMPLETED

Date of Completion: 09/21/2022

Operator Comment: Removed and disposed of contaminated soil and leak tested piping.

COGCC Decision: Approved pending re-inspection

COGCC Representative: CA from previous inspection Doc# 702500433 has been satisfactorily completed.

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 3:23:36 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>
403181168	FIR RESOLUTION SUBMITTED
403181171	Arthur Mason A 1; CA Completion Photos

Total Attach: 2 Files