

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:

403395562

Date Received:

05/05/2023

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: 712700071

Inspection Date: 04/28/2023

FIR Submit Date: 04/28/2023

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: 333627

Location Name: COLORADO 32-7-N32N7W Number: 3SWNE County: LA PLATA

Qtrqtr: SWNE Sec: 3 Twp: 32N Range: 7W Meridian: N

Latitude: 37.049361 Longitude: -107.591988

FACILITY - API Number: 05-067-00 Facility ID: 216253

Facility Name: SCHOFIELD A Number: 1

Qtrqtr: SWNE Sec: 3 Twp: 32N Range: 7W Meridian: N

Latitude: 37.049361 Longitude: -107.591988

CORRECTIVE ACTIONS:

1 CA# 170312

Corrective Action: Rules 905, 906, 1002.f, Immediately control the release of fluids and clean up any free fluids, contact area EPS Jaoson Kasola within 48 hours and clean up impacted material within 7 days.

Date: 05/06/2023

Response: CA COMPLETED

Date of Completion: 05/04/2023

Operator Comment: Removed contaminated soils from around motor equipment.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**2** CA# 170313

Corrective Action:  Date: 06/28/2023

Response: CA COMPLETED

Date of Completion: 05/04/2023

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: 5/5/2023 2:02:03 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403395574	Schofield A1, CA complete photos
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Total Attach: 1 Files