

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

Labowskie, Steve

steve.labowskie@state.co.us

General

sjninspections@ikavenergy.com

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: Install sign to comply with Rule 605.h.

Date: 06/28/2023

Response: CA COMPLETED

Date of Completion: 05/04/2023

Operator
Comment:

Replaced sign on water tank containment with proper labels.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA 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: 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