

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:
403417883

Date Received:
06/05/2023

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: 712700186

Inspection Date: 05/17/2023

FIR Submit Date: 05/18/2023

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: 333841

Location Name: STATE GAS UNIT CB-
N33N6W

Number: 18NWSW

County: LA PLATA

Qtrqtr: NWS Sec: 18 Twp: 33N Range: 6W Meridian: N

Latitude: 37.101439 Longitude: -107.546720

FACILITY - API Number: 05-067-

-00

Facility ID: 215596

Facility Name: STATE CB

Number: 1

Qtrqtr: NWS Sec: 18 Twp: 33N Range: 6W Meridian: N

Latitude: 37.101439 Longitude: -107.546720

CORRECTIVE ACTIONS:

1 CA# 171115

Corrective Action: Properly treat or dispose in accordance with Rule 905.f.

Date: 05/19/2023

Response: CA COMPLETED

Date of Completion: 05/19/2023

Operator
Comment:

COGCC inspector onsite while rig was out. Containers of concern were associated with rig work. Containers were removed once rig was off site on 5/19/2023.

COGCC Decision: _____

COGCC
Representative:

2 CA# 171450

Corrective Action: Submit required notice as per Rule 405.e.

Date: _____

Response: CA COMPLETED

Date of Completion: 05/22/2023

Operator
Comment:

Form 42 submitted 5/22/2023.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA Completed. See attached completion form.

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: 6/5/2023 8:23:32 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>
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403422421	CA Completion Form; StateCB1_712700186
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Total Attach: 1 Files