

State of Colorado Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403509328

Date Received:
08/25/2023

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

. General

sjninspections@ikavenergy.com

Labowskie, Steve

steve.labowskie@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 712700554

Inspection Date: 08/21/2023

FIR Submit Date: 08/21/2023

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: 326176

Location Name: BAKER GAS UNIT32-6-10-N32N6W Number: 10NWSW County: LA PLATA

Qtrqtr: NWS Sec: 10 Twp: 32N Range: 6W Meridian: N
W

Latitude: 37.029181 Longitude: -107.494173

FACILITY - API Number: 05-067-00 Facility ID: 215995

Facility Name: BAKER 32-6-10 Number: 1

Qtrqtr: NWS Sec: 10 Twp: 32N Range: 6W Meridian: N
W

Latitude: 37.029181 Longitude: -107.494173

CORRECTIVE ACTIONS:

1 CA# 179136

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes.

Date: 08/26/2023

Response: CA COMPLETED

Date of Completion: 08/23/2023

Cleaned up stained soil around wellhead.

Operator Comment: _____

COGCC Decision: _____

COGCC Representative: _____

2 CA# 179137

Corrective Action: Install proper guy line markers per Rule 1003.a, or remove if non-servicable or not needed for ongoing operations.

Date: 09/04/2023

Response: CA COMPLETED

Date of Completion: 08/23/2023

Operator Comment: Installed marker on rig anchor with t-post.

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: 8/25/2023 8:55:14 AM

ATTACHMENT LIST

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

Document Number	Description
403509370	Baker 32-6-10 1, CA Complete Photos

Total Attach: 1 Files