

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:
403694317

Date Received:
02/21/2024

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

General

sjninspections@ikavenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 714000237

Inspection Date: 12/15/2023

FIR Submit Date: 01/08/2024

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: 326069

Location Name: JEFFERIES GAS UNIT A-M34N9W Number: 25NENW County: _____

Qtrqtr: NENW Sec: 25 Twp: 34N Range: 9W Meridian: M

Latitude: 37.166158 Longitude: -107.779536

FACILITY - API Number: 05-067-00 Facility ID: 326069

Facility Name: JEFFERIES GAS UNIT A-M34N9W Number: 25NENW

Qtrqtr: NENW Sec: 25 Twp: 34N Range: 9W Meridian: M

Latitude: 37.166158 Longitude: -107.779536

CORRECTIVE ACTIONS:

1 CA# 189900

Corrective Action: Comply with rule 605.h. Install or repair sign.

Date: 12/15/2023

Response: CA COMPLETED

Date of Completion: 02/21/2024

Operator Comment: Location sign installed.

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending re-inspection of this FIR resolution acknowledges the document was received. It is not an acknowledgement that the corrective action has been passed. A field inspection will be conducted at a future date to evaluate compliance with ECMC standards.

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: 2/21/2024 2:59:49 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>
403694317	FIR RESOLUTION SUBMITTED
403694328	Jefferies A1; CA Completion photo

Total Attach: 2 Files