

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:

403702020

Date Received:

02/28/2024

## FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 2 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: 714000464

Inspection Date: 02/22/2024

FIR Submit Date: 02/23/2024

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: 326680

Location Name: CLOVIS GAS UNIT B-N33N9W Number: 8SEnw County: \_\_\_\_\_

Qtrqtr: SEnw Sec: 8 Twp: 33N Range: 9W Meridian: N

Latitude: 37.121788 Longitude: -107.850158

### FACILITY - API Number: 05-067-00 Facility ID: 326680

Facility Name: CLOVIS GAS UNIT B-N33N9W Number: 8SEnw

Qtrqtr: SEnw Sec: 8 Twp: 33N Range: 9W Meridian: N

Latitude: 37.121788 Longitude: -107.850158

### CORRECTIVE ACTIONS:

**2** ☒ CA# 192381

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

Date: 02/26/2024

Response: CA COMPLETED

Date of Completion: 02/28/2024

Operator Comment: Installed new sign.

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.
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**OPERATOR COMMENT AND SUBMITTAL**

Comment: Sign CA completed. See attached completion photo.

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: 2/28/2024 10:37:47 AM

**ATTACHMENT LIST**

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

<b><u>Document Number</u></b>	<b><u>Description</u></b>
403702020	FIR RESOLUTION SUBMITTED
403702026	Clovis B2; Sign CA completion photo

Total Attach: 2 Files