

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.

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.

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

Total Attach: 2 Files