

State of Colorado Energy & Carbon Management Commission



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Document Number:
403720289

Date Received:
03/14/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:
3 of 3 CAs from the FIR responded to on this Form
3 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
<u>.General</u>		<u>sjninspections@ikavenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 714000397
Inspection Date: 03/07/2024 FIR Submit Date: 02/08/2024 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: 326331

Location Name: KNIGHT GAS UNIT D-M34N7W Number: 20SESE County: _____
Qtrqtr: SESE Sec: 20 Twp: 34N Range: 7W Meridian: M
Latitude: 37.172108 Longitude: -107.627161

FACILITY - API Number: 05-067-00 Facility ID: 326331

Facility Name: KNIGHT GAS UNIT D-M34N7W Number: 20SESE
Qtrqtr: SESE Sec: 20 Twp: 34N Range: 7W Meridian: M
Latitude: 37.172108 Longitude: -107.627161

CORRECTIVE ACTIONS:

1 CA# 191876

Corrective Action: Comply with rule 606. Date: _____

Response: CA COMPLETED Date of Completion: 03/13/2024

Operator Comment: Reset sound walls.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 191877

Corrective Action: Comply with rule 606. Date: 02/23/2024

Response: CA COMPLETED Date of Completion: 03/13/2024

Operator Comment: PCP guarding removed from location.

COGCC Decision: _____

COGCC Representative: _____

3 CA# 191878

Corrective Action: Comply with Rule 1002f. Install or repair storm water BMPs. Date: 02/13/2024

Response: CA COMPLETED Date of Completion: 03/13/2024

Operator Comment: Erosion control installed.

COGCC Decision: _____

COGCC Representative: _____

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: 3/14/2024 4:40:17 PM

ATTACHMENT LIST

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

Document Number	Description
403720302	Knight D1; CA completion photos

Total Attach: 1 Files