

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:
403727239

Date Received:
03/21/2024

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 3 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: 714000442

Inspection Date: 02/16/2024

FIR Submit Date: 02/20/2024

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: 325931

Location Name: THACKER GAS UNIT-N34N7W Number: 9SENW County: _____

Qtrqtr: SENW Sec: 9 Twp: 34N Range: 7W Meridian: N

Latitude: 37.230507 Longitude: -107.645752

FACILITY - API Number: 05-067-00 Facility ID: 325931

Facility Name: THACKER GAS UNIT-N34N7W Number: 9SENW

Qtrqtr: SENW Sec: 9 Twp: 34N Range: 7W Meridian: N

Latitude: 37.230507 Longitude: -107.645752

CORRECTIVE ACTIONS:

1 CA# 192223

Corrective Action: Comply with rule 606, remove and properly dispose of debris.

Date: 02/27/2024

Response: CA COMPLETED

Date of Completion: 03/20/2024

Operator Comment: Weeds removed.

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: Weeds 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: 3/21/2024 10:27:56 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>
403727239	FIR RESOLUTION SUBMITTED
403727249	Thacker 1; Weeds CA completion photos

Total Attach: 2 Files