

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:
403744433

Date Received:
04/05/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 714000429

Inspection Date: 02/13/2024

FIR Submit Date: 02/15/2024

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: 306883

Location Name: DICKENS GAS UNIT 44-14-M34N8W Number: 14SENE County: _____

Qtrqtr: SENE Sec: 14 Twp: 34N Range: 8W Meridian: M

Latitude: 37.194194 Longitude: -107.681178

FACILITY - API Number: 05-067-00 Facility ID: 306883

Facility Name: DICKENS GAS UNIT 44-14-M34N8W Number: 14SENE

Qtrqtr: SENE Sec: 14 Twp: 34N Range: 8W Meridian: M

Latitude: 37.194194 Longitude: -107.681178

CORRECTIVE ACTIONS:

1 CA# 192067

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 906 and 1002.

Date: _____

Response: CA COMPLETED

Date of Completion: 04/02/2024

Operator Comment: Impacted surface material cleaned up and removed.

COGCC Decision: _____

COGCC
Representative:

2 CA# 192068

Corrective Action: Comply with rule 1003.

Date: 02/17/2024

Response: CA COMPLETED

Date of Completion: 04/02/2024

Operator
Comment:

Weeds removed.

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: 4/5/2024 10:04:02 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>
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403744443	Dickens 44-14 2; CA completion photos
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Total Attach: 1 Files