

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:

403646398

Date Received:

01/05/2024

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

2 of 4 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC 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

[sninspections@ikavenergy.com](mailto:sninspections@ikavenergy.com)

Pesicka, Conor

[conor.pesicka@state.co.us](mailto:conor.pesicka@state.co.us)

Labowskie, Steve

[steve.labowskie@state.co.us](mailto:steve.labowskie@state.co.us)

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 712700586

Inspection Date: 08/28/2023

FIR Submit Date: 08/28/2023

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: 311995

Location Name: WHITE, F. GAS UNIT A- Number: 27NWSE County: LA PLATA  
M34N9W

Qtrqr: NWSE Sec: 27 Twp: 34N Range: 9W Meridian: M

Latitude: 37.159091 Longitude: -107.809572

**FACILITY** - API Number: 05-067- -00 Facility ID: 215272

Facility Name: FRANCIS WHITE A Number: 1

Qtrqr: NWSE Sec: 27 Twp: 34N Range: 9W Meridian: M

Latitude: 37.159091 Longitude: -107.809572

**CORRECTIVE ACTIONS:**

1 CA# 180193

Corrective Action: Install sign to comply with Rule 605.d.

Date: 09/28/2023

Response: CA COMPLETED

Date of Completion: 12/19/2023

Operator  
Comment: Sign installed

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

**3** CA# 180195

Corrective Action: Install sign to comply with Rule 605.a.

Date: 10/04/2023

Response: CA COMPLETED

Date of Completion: 12/19/2023

Operator  
Comment:

Sign installed.

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA Complete. 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: 1/5/2024 12:32:55 PM

**ATTACHMENT LIST**

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

| <u>Document Number</u> | <u>Description</u>                         |
|------------------------|--|
| 403646398              | FIR RESOLUTION SUBMITTED                   |
| 403646403              | Francis White A1 & A3; CA completion photo |

Total Attach: 2 Files