

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:
403809492

Date Received:
05/31/2024

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

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
<u>MICHAEL, C</u>		<u>c.jackson@bp.com</u>
<u>Inspections, All</u>		<u>SanJuanCOGCC@bp.com</u>
<u>Beebe, Sabre</u>		<u>sabre.beebe@bpx.com</u>
<u>DEMATTEE, SHAUNA</u>		<u>shauna.demattee@bpx.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000007

Inspection Date: 09/01/2023

FIR Submit Date: 09/22/2023

FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY

Company Number: 10000

Address: 1199 MAIN AVENUE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 385639

Location Name: LOBATO-N35N8W Number: 26SENW County: _____

Qtrqtr: SENW Sec: 26 Twp: 35N Range: 8W Meridian: N

Latitude: 37.276106 Longitude: -107.716455

FACILITY - API Number: 05-067-00

Facility ID: 385639

Facility Name: LOBATO-N35N8W Number: 26SENW

Qtrqtr: SENW Sec: 26 Twp: 35N Range: 8W Meridian: N

Latitude: 37.276106 Longitude: -107.716455

CORRECTIVE ACTIONS:

1 CA# 181832

Corrective Action: Comply with rule 1004. Noxious weeds and stormwater BMP's must be removed from location.

Date: 09/01/2023

Response: CA COMPLETED

Date of Completion: 05/14/2024

Operator Comment: Seeded bare areas and applied chemical weed treatment.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 181833

Corrective Action: Comply with rule 1004.

Date: _____

Response: CA COMPLETED

Date of Completion: 03/07/2024

Operator Comment: Wattles and wooden stakes removed from plugged and abandoned well location.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Action Complete, See Attached Photos.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Grace Bryson

Signed: _____

Title: Permitting Specialist I

Date: 5/31/2024 9:57:03 AM

ATTACHMENT LIST

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

Document Number **Description**

403809524	Lobato 1-26, CA Photos
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Total Attach: 1 Files