

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:

403833140

Date Received:

06/24/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us
Adamczyk, Megan		megan.adamczyk@state.co.us
General		sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 700300736

Inspection Date: 05/28/2024

FIR Submit Date: 05/31/2024

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: 325501

Location Name: SHOEMAKER-N35N8W Number: 34NWSE County: LA PLATA

Qtrqtr: NWSE Sec: 34 Twp: 35N Range: 8W Meridian: N

Latitude: 37.255727 Longitude: -107.728732

FACILITY - API Number: 05-067-00 Facility ID: 214901

Facility Name: SHOEMAKER Number: 01-34 1

Qtrqtr: NWSE Sec: 34 Twp: 35N Range: 8W Meridian: N

Latitude: 37.255727 Longitude: -107.728732

CORRECTIVE ACTIONS:

1 CA# 195520

Corrective Action: Submit From 22 detailing cause and resolution of conditions that required emergency response and related actions on 1/15/24 per Rule 602.g and 602.h

Date: _____

Submit Grade 1 gas leak via Forms 19 and 44 if applicable per Rule 613

Response: CA COMPLETED

Date of Completion: 06/13/2024

Form 22 submitted through eForms. Attached is the Form 22 as well and photos of the location.

Operator Comment:	
ECMC Decision:	
ECMC Representative:	

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	CA complete. Form 22 submitted and attached.
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: 6/24/2024 11:54:42 AM

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>
403833140	FIR RESOLUTION SUBMITTED
403833468	Shoemaker, Form 22

Total Attach: 2 Files