

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:
403919731

Date Received:
09/12/2024

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

Labowskie, Steve

steve.labowskie@state.co.us

. General

970-749-4139

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 715200859

Inspection Date: 08/30/2024

FIR Submit Date: 09/03/2024

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: 334213

Location Name: GARY BEEBE GAS UNIT "B"- M34N7W Number: 7NWNW County: LA PLATA

Qtrqr: NWN Sec: 7 Twp: 34N Range: 7W Meridian: M

Latitude: 37.210130 Longitude: -107.655450

FACILITY - API Number: 05-067-00 Facility ID: 292929

Facility Name: GARY BEEBE B Number: 3

Qtrqr: NWN Sec: 7 Twp: 34N Range: 7W Meridian: M

Latitude: 37.210130 Longitude: -107.655450

CORRECTIVE ACTIONS:

1 CA# 198279

Corrective Action: Install proper guy line markers per Rule 1003.a

Date: 09/30/2024

Response: CA COMPLETED

Date of Completion: 09/12/2024

Operator Comment: Rig anchors marked.

ECMC Decision: _____

ECMC
Representative:

2 CA# 198280

Corrective Action: Repair erosion on access and install BMPs per rule 1002.f.(2)C

Date: 09/30/2024

Response: CA COMPLETED

Date of Completion: 09/12/2024

Operator
Comment:

Erosion repair completed on access road.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA 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: 9/12/2024 5:37:08 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>
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403919732	Gary Beebe 3 CA Photos
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Total Attach: 1 Files