

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:

403934596

Date Received:

09/25/2024

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: 715200844

Inspection Date: 08/29/2024

FIR Submit Date: 09/04/2024

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: 306876

Location Name: FLOREINE HUDSPETH GU A- Number: 12SESW County: LA PLATA
N34N7W

Qtrqtr: SESW Sec: 12 Twp: 34N Range: 7W Meridian: N

Latitude: 37.224757 Longitude: -107.591300

FACILITY - API Number: 05-067- -00 Facility ID: 271746

Facility Name: FLOREINE HUDSPETH A Number: 2

Qtrqtr: SESW Sec: 12 Twp: 34N Range: 7W Meridian: N

Latitude: 37.224757 Longitude: -107.591300

CORRECTIVE ACTIONS:

1 CA# 198316

Corrective Action: Inspect, maintain and repair tanks to comply with rule 609.b.

Date: 09/29/2024

Response: CA COMPLETED

Date of Completion: 09/17/2024

Operator Comment: Painted 95bbl pit to reduce chances of erosion.

ECMC Decision: _____

ECMC
Representative:

2 CA# 198317

Corrective Action: Comply with Rule 1003.f.

Date: 09/29/2024

Response: CA COMPLETED

Date of Completion: 09/17/2024

Operator
Comment: Weeds removed from location.

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: 9/25/2024 3:07:51 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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403934602	Floreine Hudspeth A2 CA Photos
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Total Attach: 1 Files