

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:
403934490

Date Received:
09/25/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001216

Inspection Date: 09/10/2024

FIR Submit Date: 09/12/2024

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: 325805

Location Name: KENNEDY GAS UNIT A-M34N8W Number: 21SESW County: _____

Qtrqr: SESW Sec: 21 Twp: 34N Range: 8W Meridian: M

Latitude: 37.171518 Longitude: -107.727054

FACILITY - API Number: 05-067-00 Facility ID: 325805

Facility Name: KENNEDY GAS UNIT A-M34N8W Number: 21SESW

Qtrqr: SESW Sec: 21 Twp: 34N Range: 8W Meridian: M

Latitude: 37.171518 Longitude: -107.727054

CORRECTIVE ACTIONS:

2 CA# 198710

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 906 and 1002.

Date: 09/17/2024

Response: CA COMPLETED

Date of Completion: 09/18/2024

Operator Comment: Stained soil removed from around wellhead.

ECMC Decision: _____

ECMC
Representative:

3 CA# 198711

Corrective Action: Comply with rule 1003.f, treat/remove weeds.

Date: 09/19/2024

Response: CA COMPLETED

Date of Completion: 09/18/2024

Operator
Comment:

Weeds removed from location.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Partial CA complete for weeds on location and stained soil surrounding well head. 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 2:36:27 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>
403934490	FIR RESOLUTION SUBMITTED
403934507	Kennedy A1 CA Photos

Total Attach: 2 Files