

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:
403938141

Date Received:
09/27/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

4 of 4 CAs from the FIR responded to on this Form

4 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

970-749-4139

sjninspections@ikavenergy.com

Labowskie, Steve

steve.labowskie@state.co.us

ECMC INSPECTION SUMMARY:

FIR Document Number: 715200812

Inspection Date: 08/26/2024

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: 334190

Location Name: LEMON GAS UNIT K-M34N8W Number: 18NWNE County: LA PLATA

Qtrqr: NWNE Sec: 18 Twp: 34N Range: 8W Meridian: M

Latitude: 37.194808 Longitude: -107.755733

FACILITY - API Number: 05-067-00 Facility ID: 282447

Facility Name: LEMON K Number: 3

Qtrqr: NWNE Sec: 18 Twp: 34N Range: 8W Meridian: M

Latitude: 37.194808 Longitude: -107.755733

CORRECTIVE ACTIONS:

1 CA# 198336

Corrective Action: Install sign to comply with Rule 605.h.

Date: 09/26/2024

Response: CA COMPLETED

Date of Completion: 09/26/2024

Operator Comment: Updated stickers on tanks/equipment on location.

ECMC Decision:

ECMC
Representative:

2 CA# 198337

Corrective Action:

Date: 09/26/2024

Response: CA COMPLETED

Date of Completion: 09/26/2024

Operator Comment:

ECMC Decision: _____

ECMC
Representative:

3 CA# 198338

Corrective Action:

Date: 09/26/2024

Response: CA COMPLETED

Date of Completion: 09/26/2024

Operator Comment:

ECMC Decision: _____

ECMC
Representative:

4 CA# 198339

Corrective Action:

Date: 09/26/2024

Response: CA COMPLETED

Date of Completion: 09/26/2024

Operator Comment:

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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: 9/27/2024 4:07:16 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>
403938141	FIR RESOLUTION SUBMITTED
403938148	Lemon K 3 CA Photos

Total Attach: 2 Files