

State of Colorado
Energy & Carbon Management Commission



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Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404045914

Date Received:
01/02/2025

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

General

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001489

Inspection Date: 11/12/2024

FIR Submit Date: 11/18/2024

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: 306765

Location Name: HOLMAN CANYON GAS UNIT-N34N7W Number: 7NENW County: _____

Qtrqr: NENW Sec: 7 Twp: 34N Range: 7W Meridian: N

Latitude: 37.234647 Longitude: -107.678553

FACILITY - API Number: 05-067-00

Facility ID: 306765

Facility Name: HOLMAN CANYON GAS UNIT-N34N7W Number: 7NENW

Qtrqr: NENW Sec: 7 Twp: 34N Range: 7W Meridian: N

Latitude: 37.234647 Longitude: -107.678553

CORRECTIVE ACTIONS:

1 CA# 200493

Corrective Action: Stormwater controls (ie: BMPs) and erosion controls (ie: mulching) are needed on revegetating soils until the location is stabilized with desirable perennial vegetation.

Date: 11/25/2024

Response: CA COMPLETED

Date of Completion: 12/31/2024

Operator Comment: Cut slope has been reseeded.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 200494

Corrective Action: Comply with rule 1002f. Install or repair required BMPs at access point.

Date: _____

Response: CA COMPLETED

Date of Completion: 12/31/2024

Operator Comment: Erosion control installed.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed. See attachment for 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

Date: 1/2/2025 1:56:12 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> |
|-------------------------------|---------------------------|
| 404045914 | FIR RESOLUTION SUBMITTED |
| 404045956 | Holman Canyon 2 CA photos |

Total Attach: 2 Files