

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:  
404048894

Date Received:  
01/06/2025

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: 714001577  
Inspection Date: 12/11/2024 FIR Submit Date: 12/12/2024 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: 333442

Location Name: GEORGE-M34N8W Number: 11NWNW County:  
Qtrqtr: NWN Sec: 11 Twp: 34N Range: 8W Meridian: M  
W  
Latitude: 37.210021 Longitude: -107.693494

FACILITY - API Number: 05-067-00 Facility ID: 333442

Facility Name: GEORGE-M34N8W Number: 11NWNW  
Qtrqtr: NWN Sec: 11 Twp: 34N Range: 8W Meridian: M  
W  
Latitude: 37.210021 Longitude: -107.693494

CORRECTIVE ACTIONS:

1 CA# 201018

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 906 and 1002. Date: 12/17/2024

Response: CA COMPLETED Date of Completion: 01/03/2025

Operator Comment: Impacted soil removed.

ECMC Decision:

ECMC  
Representative:

[Empty text box]

2 CA# 201019

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

Date: \_\_\_\_\_

Response: CA COMPLETED

Date of Completion: 01/03/2025

Operator  
Comment:

Erosion mitigation installed.

ECMC Decision:

\_\_\_\_\_

ECMC  
Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions completed. See attachment for photos.

[Empty text box]

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: 1/6/2025 1:49:28 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>
404048900	Completion photos for the George 11-11 1 & 3

Total Attach: 1 Files