

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:
404050033

Date Received:
01/07/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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: 714001650

Inspection Date: 01/02/2025

FIR Submit Date: 01/03/2025

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: 325991

Location Name: DULIN, ROBER, GAS UNIT D-N35N7W Number: 26NWSE County: _____

Qtrqr: NWSE Sec: 26 Twp: 35N Range: 7W Meridian: N

Latitude: 37.271517 Longitude: -107.601621

FACILITY - API Number: 05-067-00 Facility ID: 325991

Facility Name: DULIN, ROBER, GAS UNIT D-N35N7W Number: 26NWSE

Qtrqr: NWSE Sec: 26 Twp: 35N Range: 7W Meridian: N

Latitude: 37.271517 Longitude: -107.601621

CORRECTIVE ACTIONS:

1 CA# 201463

Corrective Action: Provide key, combinations, or alternate method of access to Corey McDonough to comply with rule 204.

Date: 01/03/2025

Phone: 720-902-0775, Email: corey.mcdonough@state.co.us

Response: CA COMPLETED

Date of Completion: 01/06/2025

Operator Comment: Inspector was emailed that he will need to schedule a date and time to inspect the location. Inspector replied and said that is ok and that he would notify IKAV when he is back in the area.

ECMC Decision: _____

ECMC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective actions completed. See attachment for email correspondence.

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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: 1/7/2025 10:53:54 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

404050051	Robert Dulin access correspondence
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Total Attach: 1 Files