

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:

404057927

Date Received:

01/14/2025

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: 714001576

Inspection Date: 12/09/2024

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: 333701

Location Name: MAYFIELD GAS UNIT A-M34N8W Number: 10SWNW County: _____

Qtrqr: SWN Sec: 10 Twp: 34N Range: 8W Meridian: M

Latitude: 37.208106 Longitude: -107.710335

FACILITY - API Number: 05-067- -00 Facility ID: 333701

Facility Name: MAYFIELD GAS UNIT A-M34N8W Number: 10SWNW

Qtrqr: SWN Sec: 10 Twp: 34N Range: 8W Meridian: M

Latitude: 37.208106 Longitude: -107.710335

CORRECTIVE ACTIONS:

1 CA# 201015

Corrective Action: Comply with rule 605. Install or repair sign.

Date: 01/11/2025

Response: CA COMPLETED

Date of Completion: 01/14/2025

Operator Comment: Produced water tank capacity labeled

ECMC Decision: _____

ECMC
Representative:

2 CA# 201016

Corrective Action: Comply with rule 1004.e, treat/remove weeds.

Date: _____

Response: CA COMPLETED

Date of Completion: 01/14/2025

Operator
Comment:

Weedy debris removed.

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 I

Date: 1/14/2025 3:47:39 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>
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404057927	FIR RESOLUTION SUBMITTED
404057934	Completion photos for the Mayfield A2/A4

Total Attach: 2 Files