

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:
404083788

Date Received:
02/06/2025

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

. General

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001672

Inspection Date: 01/07/2025

FIR Submit Date: 01/09/2025

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: 326326

Location Name: SNOOK GAS UNIT C- N32N7W Number: 7NENE County: _____

Qtrqr: NENE Sec: 7 Twp: 32N Range: 7W Meridian: N

Latitude: 37.035301 Longitude: -107.644811

FACILITY - API Number: 05-067- -00 Facility ID: 326326

Facility Name: SNOOK GAS UNIT C- N32N7W Number: 7NENE

Qtrqr: NENE Sec: 7 Twp: 32N Range: 7W Meridian: N

Latitude: 37.035301 Longitude: -107.644811

CORRECTIVE ACTIONS:

1 CA# 201583

Corrective Action: Comply with rule 606, remove and properly dispose of weedy debris.

Date: 01/16/2025

Response: CA COMPLETED

Date of Completion: 02/05/2025

Operator
Comment:

Weeds removed.

ECMC Decision: _____

ECMC
Representative:

2 CA# 201584

Corrective Action: Comply with rule 606, remove surface owner equipment.

Date: _____

Response: CA COMPLETED

Date of Completion: 02/06/2025

Operator
Comment:

Equipment/trash 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

Date: 2/6/2025 8:30:07 AM

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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404083790	Snook C1 completion photos
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Total Attach: 1 Files