

State of Colorado
Energy & Carbon Management Commission

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Document Number:

404132792

Date Received:

03/19/2025

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

IKAV SJN Inspections

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714000134

Inspection Date: 11/10/2023

FIR Submit Date: 11/29/2023

FIR Status: _____

Inspected Operator Information:

Company Name: BP AMERICA PRODUCTION COMPANY

Company Number: 10000

Address: 1199 MAIN AVENUE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 333610

Location Name: BRIGGS GAS UNIT A-N33N8W Number: 35NWNW County: _____

Qtrqtr: NWN Sec: 35 Twp: 33N Range: 8W Meridian: N

Latitude: 37.064720 Longitude: -107.691632

FACILITY - API Number: 05-067- -00 Facility ID: 333610

Facility Name: BRIGGS GAS UNIT A-N33N8W Number: 35NWNW

Qtrqtr: NWN Sec: 35 Twp: 33N Range: 8W Meridian: N

Latitude: 37.064720 Longitude: -107.691632

CORRECTIVE ACTIONS:

1 CA# 188633

Corrective Action: Comply with Rule 1004. Reseed disturbance areas using a seed mixture requested by the surface owner, or a mixture prescribed by the local county NRCS. Establish vegetation with total perennial, non-invasive uniform plant cover of at least eighty (80) percent of reference area levels. Ensure erosion controls are implemented to stabilize the seeded soil. Operator shall continue to monitor and manage this site until the location meets Rule 1004 standards, including stormwater and weed management.

Date: 11/10/2023

Response: CA COMPLETED

Date of Completion: 03/17/2025

Operator
Comment: Bare areas reseeded.

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: Lisa Paulek

Signed: _____

Title: permitting specialist

Date: 3/19/2025 7:40:47 PM

ATTACHMENT LIST

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

Document Number **Description**

404132792	FIR RESOLUTION SUBMITTED
404134781	Briggs A1 completion photos

Total Attach: 2 Files