

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:
404151575

Date Received:
04/05/2025

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: 714001922

Inspection Date: 03/05/2025

FIR Submit Date: 03/06/2025

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: 333844

Location Name: HRONICH-M34N8W Number: 34NENW County: _____

Qtrqtr: NENW Sec: 34 Twp: 34N Range: 8W Meridian: M

Latitude: 37.152508 Longitude: -107.708190

FACILITY - API Number: 05-067- -00 Facility ID: 333844

Facility Name: HRONICH-M34N8W Number: 34NENW

Qtrqtr: NENW Sec: 34 Twp: 34N Range: 8W Meridian: M

Latitude: 37.152508 Longitude: -107.708190

CORRECTIVE ACTIONS:

1 CA# 203060

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

Date: 04/06/2025

Response: CA COMPLETED

Date of Completion: 03/31/2025

Operator
Comment:

New labels installed.

ECMC Decision: _____

ECMC
Representative:

2 CA# 203061

Corrective Action: Manage (i.e. mow/remove) weedy debris to encourage establishment of desirable vegetation and prevent debris dispersal.

Date: 03/13/2025

Response: CA COMPLETED

Date of Completion: 03/31/2025

Operator
Comment:

Weedy debris mowed.

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: 4/5/2025 6:09:04 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>
404151575	FIR RESOLUTION SUBMITTED
404151594	Hronich 21-34 1&3 Completion photos

Total Attach: 2 Files