

**FORM
INSP**Rev
X/20**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

06/13/2025

Submitted Date:

06/16/2025

Document Number:

719000236

FIELD INSPECTION FORMLoc ID 325910 Inspector Name: GARCIA, CHARLES On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:

12 Number of Comments

1 Number of Corrective Actions

☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Labowskie, Steve		steve.labowskie@state.co.us	
, General		sjninspections@ikavenergy.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
215551	WELL	PR	03/14/1989	CBM	067-07156	TINKER FEDERAL 1	PR

General Comment:

Inspection Report Summary
On 6/13/25 I Inspector Charles Garcia
conducted an on-site inspection.
Location: TINKER FEDERAL 1
Operator: SIMCOE
API#: 067-07156
County: LaPlata

LocationOverall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	PRODUCED WATER TANK		
Corrective Action:		Date:	
Type	OTHER		
Comment:	LOCATION SIGN AT ENTRANCE		
Corrective Action:		Date:	

Emergency Contact Number:

 Comment: 970-247-6916
 911 EMERGENCY

Corrective Action:

Date:

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	OTHER		
Comment:	PRODUCED WATER TANK		
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:	CATTLE PANLES		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Vertical Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 0		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		

Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	ELECTRIC		
Corrective Action:			Date:
Type: Ancillary equipment	# 5		
Comment:	TELEMETRY EQUIPMENT ELECTRICAL PANELS		
Corrective Action:			Date:
Type: Other	# 1		
Comment:	METER HOUSE LAST CALIABRATION 5/22/25		
Corrective Action:			Date:
Type: Other	# 1		
Comment:	WELLHEAD		
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	BV STEEL		37.233350,-107.701185
Comment:	PAINT ON TOP OF TANK FADED OFF STARTING TO RUST SEE LOCATION PICTURES				
Corrective Action:	CA "inspect, repair, maintain (paint) exposed portions of tank per Rule 609.b(1) and 608.f" 609.b(1) applies to all production liquid storage tanks and 608.f is specific to buried vessel and their inspection/leak detection				Date: 09/13/2025

Paint

Condition	Inadequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO
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Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 215551 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: _____

Corrective Action: _____ Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____ **Date:** _____

Comment: _____

Corrective Action: _____ **Date:** _____

On Site Inspection (305):Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Inspected Facilities									
Facility ID:	215551	Type:	WELL	API Number:	067-07156	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
Corrective Action:				Date:					
BradenHead									
Date of Last Brhd Test:	07/16/2024		Annual Brhd Completed?	Yes					
Last Brhd Test Results	Initial Surf Csg Pressure:	1	Fluid Type:						
	End Surf Csg Pressure:	0							
Comment:									
Corrective Action:				Date:					

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
719000237	LOCATION PICTURES	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7098014