

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:

404262219

Date Received:

07/01/2025

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

sninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 700300807

Inspection Date: 05/21/2025

FIR Submit Date: 05/22/2025

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: 325806

Location Name: HOTTER GAS UNIT A-M34N9W Number: 17NWSW County: LA PLATA

Qtrqtr: NWS Sec: 17 Twp: 34N Range: 9W Meridian: M

Latitude: 37.188477 Longitude: -107.853393

FACILITY - API Number: 05-067-00 Facility ID: 215406

Facility Name: HOTTER A Number: 1

Qtrqtr: NWS Sec: 17 Twp: 34N Range: 9W Meridian: M

Latitude: 37.188477 Longitude: -107.853393

CORRECTIVE ACTIONS:

1 CA# 205041

Corrective Action: Clean up impacted material/soil and dispose in apprved maaner per RULES 1002.f and 907. Underneath of skid should also be investigated as oil is present and saturated up to base of skid in places.

Date: 06/22/2025

Response: CA COMPLETED

Date of Completion: 06/30/2025

Operator Comment: Stained soils removed.

ECMC Decision: _____

ECMC
Representative:

2 CA# 205042

Corrective Action: Maintain equipment, prevent lube oil from overflowing or being blown off skid and staining impacting area around compressor

Date: 06/05/2025

Response: CA COMPLETED

Date of Completion: 06/30/2025

Operator
Comment:

Equipment maintained.

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 II

Date: 7/1/2025 9:39:54 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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404262219	FIR RESOLUTION SUBMITTED
404262849	Hotter A1_CAphotos

Total Attach: 2 Files