

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
402853120

Date Received:
10/26/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC 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

COGCC INSPECTION SUMMARY:

FIR Document Number: 693903749

Inspection Date: 10/13/2021

FIR Submit Date: 10/18/2021

FIR Status: _____

Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900

City: HOUSTON State: TX Zip: 77002

LOCATION - Location ID: 325591

Location Name: LUNT-M34N8W Number: 19NENW County: LA PLATA

Qtrqtr: NENW Sec: 19 Twp: 34N Range: 8W Meridian: M

Latitude: 37.180938 Longitude: -107.763775

FACILITY - API Number: 05-067-00 Facility ID: 215054

Facility Name: LUNT Number: 19-01 1

Qtrqtr: NENW Sec: 19 Twp: 34N Range: 8W Meridian: M

Latitude: 37.180938 Longitude: -107.763775

CORRECTIVE ACTIONS:

1 CA# 156898

Corrective Action: -Remove and properly dispose of weed debris within the project area by 10/31/2021. Manage weeds to prevent debris.

Date: 10/31/2021

Response: CA COMPLETED

Date of Completion: 10/20/2021

Operator Comment: mechanical weed debris removal and spray

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 156899

Corrective Action: -Control Canada thistles by 10/31/2021.

Date: 10/31/2021

Response: CA COMPLETED

Date of Completion: 10/20/2021

Operator
Comment: mechanical weed removal and spray.

mechanical weed removal and spray.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CAs Completed

CAs Completed

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Karin Rhodes

Signed: _____

Title: admin asst

Date: 10/26/2021 10:24:48 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
402853120	FIR RESOLUTION SUBMITTED
402853124	Lunt weeds completed

Total Attach: 2 Files