

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:

402900940

Date Received:

12/16/2021

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

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
<u>Sabre Beebe</u>		<u>sabre.beebe@ikavenergy.com</u>
<u>Fischer, Alex</u>		<u>alex.fischer@state.co.us</u>
<u>General</u>		<u>sjninspections@ikavenergy.com</u>
<u>Murray, Richard</u>		<u>g.richard.murray@state.co.us</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 688801087

Inspection Date: 12/08/2021

FIR Submit Date: 12/10/2021

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: _____

Location Name: _____ Number: _____ County: _____

Qtrqtr: NWSE Sec: 17 Twp: 34N Range: 8W Meridian: M

Latitude: 37.188907 Longitude: -107.739990

FACILITY - API Number: 05-067-00 Facility ID: 481186

Facility Name: Lemon J 4 Number: _____

Qtrqtr: NWSE Sec: 17 Twp: 34N Range: 8W Meridian: M

Latitude: 37.188907 Longitude: -107.739990

CORRECTIVE ACTIONS:

1 CA# 158587

Corrective Action: Submit Supplemental Spill/Release report within ten days of discovery per Rule 912.b. (4).
The operator will submit photographs taken while excavation was open at release point source.

Date: 12/13/2021

Response: CA COMPLETED

Date of Completion: 12/16/2021

Operator Comment: Supplemental form 19 document#402900880 filed

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Supplemental Form 19 filed doc#402900880

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

Print Name: Sabre Beebe

Signed: _____

Title: Env. Coordinator

Date: 12/16/2021 8:57:55 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>
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Total Attach: 0 Files