

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403528353

Date Received:  
09/13/2023

## 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

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

Labowskie, Steve

steve.labowskie@state.co.us

.General

sjninspections@ikavenergy.com

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 712700576

Inspection Date: 08/24/2023

FIR Submit Date: 08/25/2023

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: 333768

Location Name: CHAPMAN GAS UNIT A-M34N9W Number: 14SESW County: LA PLATA

Qtrqr: SESW Sec: 14 Twp: 34N Range: 9W Meridian: M

Latitude: 37.184252 Longitude: -107.799815

**FACILITY** - API Number: 05-067-00 Facility ID: 268715

Facility Name: CHAPMAN A Number: 2

Qtrqr: SESW Sec: 14 Twp: 34N Range: 9W Meridian: M

Latitude: 37.184252 Longitude: -107.799815

**CORRECTIVE ACTIONS:**

**1** CA# 180189

Corrective Action: Remove unused equipment per Rule 606, or return to service.

Date: 10/04/2023

Response: CA COMPLETED

Date of Completion: 09/12/2023

Operator Comment: Unused equipment removed from location.

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

2 CA# 180190

Corrective Action:

Remove weeds along access road per Rule 606.  
Rule 610.k remove weeds and any other combustible material within 25' of fired equipment.

Date: 09/19/2023

Response: CA COMPLETED

Date of Completion: 09/12/2023

Operator  
Comment:

Weeds removed from around location equipment and access road.

COGCC Decision:

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: CA complete. See attached photos.

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

Print Name: Grace Bryson

Signed: \_\_\_\_\_

Title: Permitting Specialist I

Date: 9/13/2023 10:01:02 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403528361	Chapman A2 & A4. CA complete
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Total Attach: 1 Files