

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:

403118890

Date Received:

07/27/2022

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: 702500144

Inspection Date: 06/29/2022

FIR Submit Date: 06/30/2022

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: 306890

Location Name: SOSSAMAN DWIGHT GAS UNIT-N34N7W Number: 2SWNE County: LA PLATA

Qtrqr: SWNE Sec: 2 Twp: 34N Range: 7W Meridian: N

Latitude: 37.246583 Longitude: -107.603044

FACILITY - API Number: 05-067- -00 Facility ID: 274089

Facility Name: DWIGHT SOSSAMAN A Number: 2

Qtrqr: SWNE Sec: 2 Twp: 34N Range: 7W Meridian: N

Latitude: 37.246583 Longitude: -107.603044

CORRECTIVE ACTIONS:

1 CA# 163007

Corrective Action: Remove impacted material and dispose of in approved manner per rule 906 and 1002.f.

Date: 07/14/2022

Response: CA COMPLETED

Date of Completion: 07/19/2022

Operator Comment: Cleaned up stained soil from around wellhead.

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

COGCC Representative: \_\_\_\_\_

**2** CA# 163008

Corrective Action: Repair/modify required BMPs per Rule 1002.f.(2)C

Date: 07/14/2022

Response: CA COMPLETED

Date of Completion: 07/19/2022

Operator Comment: Repaired erosion channels.

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

COGCC Representative: \_\_\_\_\_

**OPERATOR COMMENT AND SUBMITTAL**

Comment: CA Completed. 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: Gabby Riley

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

Title: Permitting Specialist I

Date: 7/27/2022 1:14:15 PM

**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>
403118900	Dwight Sossaman A2;CA Completion Photos

Total Attach: 1 Files