



State of Colorado  
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

RECEIVED 4/16/2014

COMPLAINT REPORT

This form may be submitted by any party with a complaint regarding oil and gas extractive operations. The complainant is to complete this form and mail to: COGCC, 1120 Lincoln St., Ste. 801, Denver, CO 80203 or fax to (303) 894-2109. COGCC will investigate the complaint and determine what action, if any, should be taken.

Complaint taken by:

API Number:

Facility ID:

COMPLAINT TYPE

☐ Environmental Damage ☐ Noise ☐ Payment ☐ Site Maintenance ☐ Other (describe): \_\_\_\_\_

COMPLAINANT INFORMATION

|                                                           |               |
|-----------------------------------------------------------|---------------|
| Name of Complainant:                                      | Phone Numbers |
| Address:                                                  | No:           |
| City: State: Zip:                                         | Fax:          |
| Date Complaint Taken by OGCC:                             | E-Mail:       |
| Connection to Incident (Land Owner, Royalty Owner, etc.): |               |

DESCRIPTION OF COMPLAINT  
(Please be as specific as possible)

|                                                                                                            |                            |
|------------------------------------------------------------------------------------------------------------|----------------------------|
| Name of Operator:                                                                                          | OGCC Operator Number:      |
| Date of Incident:                                                                                          | Facility Name:             |
| Type of Facility (Well, Tank Battery, Flow Line, Pit):                                                     | QtrQtr: Section:           |
| Well Name and Number:                                                                                      | Township: Range: Meridian: |
| County:                                                                                                    |                            |
| Was the operator contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, contact name: |                            |
| Provide a detailed description of the incident, problem and cause (equipment failure, human error, etc.):  |                            |

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact Person | Response |
|------|--------|----------------|----------|
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|      |        |                |          |
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|      |        |                |          |

Complaint Tracking Number:

200402860