

COGCC Complaint Intake Tool

By Submitting this form you are requesting an investigation of compliance with COGCC rules.

Note: Please provide as much detail related to location and issue as possible. Without enough detail, the COGCC will not be able to process or investigate the complaint and, therefore, the COGCC will have no choice but to discard the complaint.

File a written complaint via e-mail instead. -- [Email OGCC Complaint](#)

COMPLAINT INFORMATION

Date of Complaint

08/08/2021

***** *Indicates a Required Field*

Complaint Type *

Select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Air Quality/ Odor | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Ground Water/ Water Well | <input type="checkbox"/> Lighting |
| <input checked="" type="checkbox"/> Noise | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Royalties Payment/ Missing Production | <input type="checkbox"/> Spills/ Soil Contamination |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Waste Management/ Dumping |
| <input type="checkbox"/> Notice Letters | <input type="checkbox"/> Other <input type="text"/> |

Incident County *

Adams County

Connection to Incident *

Select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Land Owner | <input type="checkbox"/> Royalty Owner |
| <input checked="" type="checkbox"/> Nearby Resident | <input type="checkbox"/> Observed Incident |
| <input type="checkbox"/> Other <input type="text"/> | |

Will you provide your personal information for this complaint? *

Yes No

Contact Information

Your First Name *

Andrew

Your Last Name *

Bachelor

Your Address *

14606 josephine st.

Your City *

Thornton

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80602

Email Address *

Enter a valid email address in this field to receive a confirmation e-mail and copy of your Complaint form.

Goodyeareagle1@gmail.com

Your Phone Number

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

303-710-5937

Alternate Phone Number

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

What is your preferred method for the COGCC to communicate with you throughout the investigation? *

Select all that apply

Phone E-mail US Mail

DESCRIPTION OF COMPLAINT

(Please be as specific as possible)

Location of Concern *

Please provide as much detail as possible. It is important to narrow down the location.

The ivey pad located in unincorporated adams county, off 152nd and york street.

Detailed description of the issue(s) * (?)

Please provide as much detail as possible. It is important to narrow down the issue(s).

The fracking noise is out of control, it has been excessively loud the past week, routinely waking me up in the middle of the night. They are supposed to be in the production phase but there is no sign of this horse shit stopping any time soon. Are you ever going to actually do anything about it? Im sure you are still getting noise complaints, i have been regularly complaining, and getting from you, "ThEy ArE FoLIOWInG ThE RuLeS" as the only response. I have video of the noise coming through my closed windows at almost a mile away at 2:30 in the morning, so dont give me the "they are being compliant" nonsense. You are one step away from a lawsuit at this point, 24/7 industrial activity RIGHT NEXT TO PEOPLES HOMES is unacceptable and needs to stop. The videos i took are too big to email so i will most likely be issuing another complaint with the device the videos were taken on.

Is this an ongoing issue(s)? *

Yes No

Do you know who the oil and gas company is? *

Yes No

Oil and Gas Company Name

Great western

Did you contact the oil and gas company? *

Yes No

Oil and Gas Company Contact Name

Natalie svendson, or something

Well or Facility Name

Please provide if known

Ivey pad colorado

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No