

COGCC Form 18

(Populated from Complaint Intake Tool)

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](#)

Document Number

402782103

Unique ID

402782103

COMPLAINT INFORMATION



Date of Complaint

08/17/2021

*** Indicates a Required Field**

Type of Complaint *

Select all that apply

- | | |
|--|---|
| <input checked="" type="checkbox"/> Air Quality/ Odor | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Ground Water/ Water Well | <input type="checkbox"/> Lighting |
| <input 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

Your First Name *

Robert

Your Last Name *

Andersen

Your Address *

15153 Vine Way

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.

mightyalldude@gmail.com

Your Phone Number

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

303-217-6554

Alternate Phone Number

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

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.

Ivey Well site 152nd Parkway

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

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

Pollution, noise. This is Ivey Well Site brown cloud pollution. No attempt to clean/scrub the exhaust being released from the site.

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

Well or Facility Name

Please provide if known

Ivey

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION**Are there supporting documents you wish to upload? ***

Yes No

Attachments are accepted for informational purposes only. Action by COGCC requires a direct observation by COGCC staff.

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

Select all that apply

- Phone E-mail US Mail

COGCC - COMPLAINT TEAM

Complaint Taken By *

Adamczyk, Megan

Method Received *

- Online Tool Paper Form
 Letter Email
 Phone Other

Assign Complaint Type

Add as many complaints as submitted from the complaint intake form by clicking on the Add Complaint button. You will be required to enter all required fields for each complaint type.

Complaint Type *

Air_Quality_Odor

Is this an OGCC or other State Agency issue? *

(Routed Outside COGCC)

- OGCC BLM CDPHE Law Enforcement LGD Other

Location ID or Unknown *

- Location ID Unknown

Location ID *

442411

Location Name

Ivey LC Pad

County

ADAMS

Facility Location QtrQtr

SWSE

Section

11

Township

1S

Range

68W

Latitude

39.97486

Longitude

-104.96565

Meridian

6

Operator Number

10110

Operator Name

Ryan Williams

Company Name

GREAT WESTERN OPERATING COMPANY LLC

Select Staff *

Gomez, Jason

Laserfiche Username

This field is only used for the demo of this form. The user listed here is the user that will be assigned the task. Use this username to log into forms and view the assigned task(s).

OGCC_TEMPFORMS

