

# 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**

402786268

**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

**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.*

[View Attachments in Weblink](#)

**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  
 Letter  
 Phone

- Paper Form  
 Email  
 Other

**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**

Location ID	Location Name	Location County
442411	Ivey LC Pad	

QtrQtr	Section	Township	Range
SWSE	11	1S	68W

Latitude	Longitude	Meridian
39.974864	-104.965650	6

Operator Number	Operator Name	Company Name
10110	Ryan Williams	GREAT WESTERN OPERATING COMPANY LLC

**Assigned Staff**

Gomez, Jason

**TECHNICAL STAFF - FORM 18****Date Initial Contact Made \***

09/16/2021

**Operator Contacted \***

- Yes  No

**Operator Agency/ Organization/ Company Name**

**COGCC Staff Member**

Silver, Randy

**COGCC Comments****TECHNICAL STAFF - FORM 18A**

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**Field Inspection Reports \***

Yes  No

**Correction Action Issued?**

Yes

**Field Inspection Reports**

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**Field Inspection Reports Number \***

693505469

**Alleged Rule Violation \***

Yes  No

**Date Investigation Completed \***

08/31/2021

**Completed By \***

Silver, Randy

**Details \* (?)**

Inspection in response to complaint.

Field Inspector Assigned: Randy Silver

Complaint Received

Date: 8-17-2021

Complaint Contacted: Yes via phone Voice mail

Location ID # 442411

Location name: Ivey LC

Inspection Document # 693505466

Complaint inspection document #693505469

Complaint Document # 402782103

Nature of Complaint: odor/noise

Field Inspector Actions:

On 8-19-2021, I Randy Silver area field inspector was assigned a complaint received by COGCC staff in reference to Odor. The complainant Robert Andersen 15153 Vine way Thornton CO stated the issues were occurring outside of complainants home.

I attempted to make contact with the complainant who indicated that on 8-17-2021 experiencing Pollution and noise form the Ivey location,

I performed a complete site inspection of the oil and gas location and associated wells in the area. At time of inspection, I did not smell any unusual odors or observe any unusual noise.

At time of inspection, frac crew had rigged out and two Hurricane work over rigs were on site performing completion operations.

Weather conditions: Clear

No violation of COGCC rules were observed at the time of the inspection.

All information reviewed and site inspection information has been submitted to the COGCC for further review.

**Comments**

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**NOAV Issued \***

Yes  No

**Form 19 Created \***

Yes  No

**Form 27 Created \***

Yes  No

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**COMPLAINT TEAM - LETTER SENT**

**Final Approved \***

Selecting No will route this form back to the assigned staff member.

Yes  No

**Final Approval Comments**

**Letter Sent \***

Yes  No