

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

402834004

Unique ID

402834004

COMPLAINT INFORMATION



Date of Complaint

10/07/2021

*** Indicates a Required Field**

Type of Complaint *

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 *

Weld 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 *

Jenna

Your Last Name *

McCarty

Your Address *

1840 Seadrift Court

Your City *

Windsor

Your State

CO

Your Zip Code *

Maximum of 10 digits. Example 80202

80550

Email Address *

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

jenna@frlwc.com

Your Phone Number

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

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.

Raindance Pad (Great Western) nearest the Poudre Trail in Windsor

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

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

My child hasn't slept through the night in weeks due to the steady low hum coming from this pad site. I (tried) to sleep in his room last night but felt physically ill from the vibration.

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

Raindance Pad

Well or Facility Number

Please provide if known

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

Yes No

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

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*

Noise

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*

427917

Location Name

Raindance Drilling FD Pad

County

WELD

Facility Location QtrQtr

NENE

Section

30

Township

6N

Range

67W

Latitude

40.46322

Longitude

-104.92717

Meridian

6

Operator Number

10110

Operator Name

Dallas Nielsen

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