

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

402863880

Unique ID

402863880

COMPLAINT INFORMATION



Date of Complaint

11/07/2021

*** Indicates a Required Field**

Type of Complaint *

Select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Air Quality/ Odor | <input type="checkbox"/> Dust |
| <input checked="" 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 *

Garfield County

Connection to Incident *

Select all that apply

- | | |
|---|--|
| <input checked="" type="checkbox"/> Land Owner | <input type="checkbox"/> Royalty Owner |
| <input 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 *

LuLu

Your Last Name *

Colby

Your Address *

10550 West Mamm Creek Road

Your City *

Rifle

Your State

CO

Your Zip Code *

Maximum of 10 digits. Example 80202

81650

Email Address *

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

luluactivista@gmail.com

Your Phone Number

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

970-876-1973

Alternate Phone Number

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

970-404-6120

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.

7S 93w Section 29. 400 ft SW of NW Corner of Terra McClung Location#335048

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

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

O&G activities and disturbance affecting ground water and Spring, Home Water Supply (flow & water quality) located 400 ft SW of NW corner of O&G pad. I purport that Existing Operations have affected Spring flow to point of necessitating water rationing. Operator is planning additional 19 Wells on existing Location and new location of 22 Wells necessitating pipeline 340 ft from my Spring and crossing the Springs conveyance . This additional development, drilling/pipeline/ expansion of existing & building of new pad is threat to my water supply/ groundwater and water quality.

Requesting Environmental Inspection,(Not FIU or Rec) water quality, & baseline testing.; assessment to determine past, current & future effects of O&G disturbance on water quality and supply.

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

Terra (TEP)

Did you contact the oil and gas company? *

Yes No

Well or Facility Name

Please provide if known

McClung Pad

Well or Facility Number

Please provide if known

Loc #335048

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 *

Ground_Water_Water_Well

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 *

335048

Location Name

McClung

County

GARFIELD

Facility Location QtrQtr

NWSE

Section

29

Township

7S

Range

93W

Latitude

39.41575

Longitude

-107.79604

Meridian

6

Operator Number

96850

Operator Name

MATT BUSKER

Company Name

TEP ROCKY MOUNTAIN LLC

Select Staff *

Fischer, Alex

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
