

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

402887294

Unique ID

402887294

COMPLAINT INFORMATION



Date of Complaint

12/05/2021

*** 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 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 checked="" type="checkbox"/> Other <input type="text" value="unable to irrigate"/> |

Incident County *

Weld 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 *

Rick

Your Last Name *

Hodgson

Your Address *

4453 CR7

Your City *

Erie

Your State

CO

Your Zip Code *

Maximum of 10 digits. Example 80202

80516

Email Address *

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

rickhodgson4453@yahoo.com

Your Phone Number

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

303-775-7208

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.

4453 CR7 Erie, Colo. API# 123-12711 Champlin 8611

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

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

After removing the oil well they filled in with dirt and it is too high and not level so the irrigation water won't run across that area to water the lower part of the field.

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

Anadarco

Did you contact the oil and gas company? *

Yes No

Oil and Gas Company Contact Name

Chris Binschus

Well or Facility Name

Please provide if known

Champlin 8611

Well or Facility Number

Please provide if known

API# 123-12711

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 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 *

_other

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 *

323207

Location Name

CHAMPLIN 86 AMOCO I-61N68W

County

WELD

Facility Location QtrQtr

NESE

Section

9

Township

1N

Range

68W

Latitude

40.06382

Longitude

-105.00100

Meridian

6

Operator Number

47120

Operator Name

Paul Tappy

Company Name

KERR MCGEE OIL & GAS ONSHORE LP

Select Staff *

Arthur, Denise

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

