

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

402880951

Unique ID

402880626

COMPLAINT INFORMATION



Date of Complaint

11/28/2021

*** 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="Vibration"/> |

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 *

Kathy

Your Last Name *

Kemper

Your Address *

524 Nesting Crane La

Your City *

Longmont

Your State

CO

Your Zip Code *

Maximum of 10 digits. Example 80202

80504

Email Address *

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

coloradohigherground@gmail.com

Your Phone Number (?)

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

720-951-3949

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.

house-neighborhood

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

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

Horrible strong, low vibration. Dishes and bookcases in house rattling. Sound hurting eardrums (will file CDPHE complaint as well). It has been happening 3-8 am most nights waking up the neighborhood. But this is awful!
Wall of house vibrating

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

Knight Well 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

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

| Location ID | Location Name | Location County |
|-------------|---------------|-----------------|
| 457362 | KNIGHT PAD | |

| QtrQtr | Section | Township | Range |
|--------|---------|----------|-------|
| SWNE | 30 | 3N | 68W |

| Latitude | Longitude | Meridian |
|-----------|-------------|----------|
| 40.198040 | -105.041970 | 6 |

| Operator Number | Operator Name | Company Name |
|-----------------|-------------------|------------------|
| 10542 | BRIAN ROTTINGHAUS | CUB CREEK ENERGY |

Assigned Staff

Gomez, Jason

TECHNICAL STAFF - FORM 18

Date Initial Contact Made *

11/30/2021

Operator Contacted *

- Yes
- No

Operator Agency/ Organization/ Company Name

COGCC Staff Member

Burns, Adam

COGCC Comments

TECHNICAL STAFF - FORM 18A

Field Inspection Reports *

Yes No

Correction Action Issued?

Yes

Field Inspection Reports

Field Inspection Reports Number *

699104888

Alleged Rule Violation *

Yes No

Date Investigation Completed *

12/03/2021

Completed By *

Burns, Adam

Details * (?)

Inspection in response to complaint.

Field Inspector Assigned: Adam Burns

Complaint Received

Date: 11-24-2021

Complaint Contacted: Yes via phone

Date: 11-30-2021 Time: 8:22 AM

Location ID # 457326

Location name: Knight Pad

Inspection Document # 699104862

Complaint inspection document #699104888

Complaint Document #402880100 & 402880951

Nature of Complaint: Noise/ Vibration

Field Inspector Actions:

On 11-29-2021, I Adam Burns area field inspector was assigned a complaint received by COGCC staff in reference to Noise. The complainant Jeana Wurth at 532 Nesting Crane Lane stated the issues were occurring outside of complainants home.

On 11-30-2021, I made contact with the complainant who indicated that on 11-28-2021 experiencing noise and vibration at the residence.

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 observe any unusual noise in or around location. I did not observe any changes in equipment on site. I performed a sound study, which is attached to complaint inspection. It appears to be under 65.0 db(C) per rule 423-1(2)B.

At time of inspection, they were in completion operations.

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

Comments

NOAV Issued *

Yes No

Form 19 Created*

Yes No

Form 27 Created*

Yes No

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