

COGCC Complaint Intake Tool

By Submitting this form you are requesting an investigation of compliance with COGCC rules.

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](#)

COMPLAINT INFORMATION

Date of Complaint

03/12/2022

***** *Indicates a Required Field*

Complaint Type *

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="FIRE"/> |

Incident County *

City and County of Broomfield

Connection to Incident *

Select all that apply

- | | |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Land Owner | <input type="checkbox"/> Royalty Owner |
| <input checked="" type="checkbox"/> Nearby Resident | <input checked="" type="checkbox"/> Observed Incident |
| <input type="checkbox"/> Other <input type="text"/> | |

Will you provide your personal information for this complaint? *

☒ Yes ☐ No

Contact Information

Your First Name *

Barb

Your Last Name *

Binder

Your Address *

15583 Quivas St

Your City *

Broomfield

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80023

Email Address *

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

izzykalena@gmail.com

Your Phone Number

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

303-250-5620

Alternate Phone Number

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

What is your preferred method for the COGCC to communicate with you throughout the investigation? *

Select all that apply

☐ Phone ☒ E-mail ☐ US Mail

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.

Facility ID 456738 Interchange A pad

S22-30-6N INTERCHANGE A

156th Ave and Huron St

Broomfield

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

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

4:40 pm March 12, 2022

Black smoke and flames which shot above the sound walls.

North Metro Fire dispatched.

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

Civitas

Did you contact the oil and gas company? *

☐ Yes ☒ No

Well or Facility Name

Please provide if known

S22-30-6N INTERCHANGE A

Well or Facility Number

Please provide if known

456738

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

☒ Yes ☐ No

Upload Supporting Documents

Maximum of 5 files can be uploaded and each file size must be 10mb and under. PDF, JPG, and PNG formats only. To upload a document simply drag and drop it onto this area in your browser or click the Upload button.

Photo1.jpg	21.59KB
Photo2.jpg	10.26KB
Photo3.jpg	20.45KB
Photo4.jpg	22.7KB

Attachments are accepted for informational purposes only. Action by COGCC requires a direct observation by COGCC staff.