

# 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

03/13/2022

**\*** *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 \*

Adams 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

## Contact Information

### Your First Name \*

Eric

### Your Last Name \*

Huber

### Your Address \*

15464 Lipan 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.

huber.eric@gmail.com

**Your Phone Number**

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

303-926-6773

**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.

Interchange A and B Pads, 156th Ave and Huron

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

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

Tonight, 21 March 2022, at approximately 4:45 pm, I was standing in my back yard. I observed a thick plume of black smoke coming from Extraction Oil and Gas Interchange A and B. I was at Lipan, looking east. I observed flames reaching noticeably taller than the roofline of houses located on Huron. This would put the flames approximately 100 feet into the air.

I immediately dialed 911. I was informed that fire crews were inbound. Multiple crews converged on the scene.

This latest fire, with flames clearly visible from my home, calls into question Extraction's ability to operate so close to residences.

**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**

Extraction Oil and Gas

**Did you contact the oil and gas company? \***

Yes  No

**Well or Facility Name**

Please provide if known

Interchange A

**Well or Facility Number**

Please provide if known

**ADDITIONAL INFORMATION**

Are there supporting documents you wish to upload? \*

Yes  No