

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

03/27/2022

***** *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 checked="" 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 *

Phillips County

Connection to Incident *

Select all that apply

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

Contact Information

Your First Name *

Dale

Your Last Name *

Garrett

Your Address *

2834 County road 14

Your City *

Holyoke

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80734

Email Address *

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

llp3bros@gmail.com

Your Phone Number

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

970-466-4409

Alternate Phone Number

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

970-324-4693

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.

I own land in Holyoke, Co. On county road 29 and 2 in phillips county

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

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

I have not received payment since May 2021. There is a large number of local land owners that have not received any payments in this area ranging from 1-3 years. I have spoken with many and we have contacted Omimex Petroleum about this issue. They have continued to neglect and ignore all complaints from me and all other owners I have spoke with.

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

Omimex Petroleum

Did you contact the oil and gas company? *

Yes No

Oil and Gas Company Contact Name

Kit

Well or Facility Name

Please provide if known

Well or Facility Number

Please provide if known

+12145497215

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No