

# 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