

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

06/12/2022

***** *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 checked="" 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 type="checkbox"/> Other <input type="text"/> |

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 *

Kimberley

Your Last Name *

Allen

Your Address *

1065 W 154TH AVE

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.

dolphinfreak77@gmail.com

Your Phone Number

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

303-489-2068

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.

The noise coming from the Interchange pad is deafening. Huron and 156th area.

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

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

It sounds like an airplane engine on my roof. It happens all hours of the day and night for months. It wakes us up at 5am on a weekend and 11:30pm on a week night. We can't enjoy a cocktail on our porch in the late afternoon either. Someone needs to come measure the decibels.

***The below method of uploading is outrageous! How are we supposed to upload videos of the sound coming from this rig if you don't accept videos?

Send an employee to my house so I can show you the videos I have. ***

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 & 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

Interchange B

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

☐ Yes ☒ No