

COGCC Form 18

(Populated from Complaint Intake Tool)

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](#)

Document Number

403069506

Unique ID

403069506

COMPLAINT INFORMATION

Date of Complaint

06/06/2022

*** Indicates a Required Field**

Type of Complaint *

Select all that apply

- ☐ Air Quality/ Odor
- ☐ Ground Water/ Water Well
- ☐ Noise
- ☐ Royalties Payment/ Missing Production
- ☐ Traffic
- ☐ Notice Letters

- ☐ Dust
- ☐ Lighting
- ☐ Property Damage
- ☒ Spills/ Soil Contamination
- ☐ Waste Management/ Dumping
- ☐ Other

Incident County *

Weld County

Connection to Incident *

Select all that apply

- ☐ Land Owner
- ☒ Nearby Resident
- ☐ Other
- ☐ Royalty Owner
- ☐ Observed Incident

Will you provide your personal information for this complaint? *

☐ Yes ☒ No

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.

Grant Tank Battery

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

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

Open excavation as of 2019 right next to an Elementary school. Need to finish remediation or put up a better fence. Needs to be addressed as it has sat way too long.

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

KP Kauffman

Did you contact the oil and gas company? *

☐ Yes ☒ No

Well or Facility Name

Please provide if known

Grant

Well or Facility Number

Please provide if known

446608

ADDITIONAL INFORMATION



Are there supporting documents you wish to upload? *

☐ Yes ☒ No

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

Select all that apply

☐ Phone ☐ E-mail ☐ US Mail

COGCC - COMPLAINT TEAM

Complaint Taken By *

Adamczyk, Megan

Method Received *

☒ Online Tool

☐ Letter

☐ Phone

☐ Paper Form

☐ Email

☐ Other

Assign Complaint Type

Add as many complaints as submitted from the complaint intake form by clicking on the Add Complaint button. You will be required to enter all required fields for each complaint type.

Complaint Type *

Spills_Soil_Contamination

Is this an OGCC or other State Agency issue? *

(Routed Outside COGCC)

☒ OGCC ☐ BLM ☐ CDPHE ☐ Law Enforcement ☐ LGD ☐ Other

Location ID or Unknown *

☒ Location ID ☐ Unknown

Location ID *

446608

Location Name

GRANT

County

WELD

Facility Location QtrQtr

NWNE

Section

26

Township

2N

Range

68W

Latitude

40.11670

Longitude

-104.96774

Meridian

6

Operator Number

46290

Operator Name

Max Knop

Company Name

KP KAUFFMAN COMPANY INC

Select Staff *

Axelson, John

Laserfiche Username

This field is only used for the demo of this form. The user listed here is the user that will be assigned the task. Use this username to log into forms and view the assigned task(s).

OGCC_TEMPFORMS
