

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

11/05/2022

***** *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="Serious Safety Hazard"/> |

Incident County *

Morgan County

Connection to Incident *

Select all that apply

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

Edward

Your Last Name *

Richardson

Your Address *

6251 CR JJ

Your City *

Orchard

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80649

Email Address *

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

4ear777@live.com

Your Phone Number

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

970-768-5948

Alternate Phone Number

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

970-656-3634

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.

In Morgan County in the SE 1/4 of Section 24 Twp 6 N, Range 60 W

Google maps pin drop 40.4719826-104.0346664

Well number 087-07378 McClarnan 43-24

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

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

There has been a pipe with a valve exposed at this site since we purchased this property 40+/- years ago. We have been concerned but lived with it, but now a hole has shown up beside that pipe. A hole approximately 2 feet in diameter and very deep. A hole that people and or animals may fall into. We have put some Tee posts and caution ribbon around the hazardous hole but the situation needs to be corrected properly. This site apparently wasn't completed correctly, and the responsible people need to come back and fix this mess before someone, or some animal loses their life because of negligence!

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

We were told, Beaver Mesa Exploration

Did you contact the oil and gas company? *

☐ Yes ☒ No

Well or Facility Name

Please provide if known

see location description

Well or Facility Number

Please provide if known

087-07378

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

☐ Yes ☒ No