

# 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**

403220191

**Unique ID**

403220191

## COMPLAINT INFORMATION



**Date of Complaint**

11/06/2022

**\* Indicates a Required Field**

**Type of Complaint \***

Select all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality/ Odor                     | <input type="checkbox"/> Dust                       |
| <input type="checkbox"/> Ground Water/ Water Well              | <input checked="" 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 type="checkbox"/> Other <input type="text"/> |

**Incident County \***

Weld 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

**Your First Name \***

Christina

**Your Last Name \***

Person

**Your Address \***

8637 CR 84

**Your City \***

Fort Collins

**Your State**

CO

**Your Zip Code \***

Maximum of 10 digits. Example 80202

80524

**Email Address \***

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

cperson3434@gmail.com

**Your Phone Number**

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

970-988-8870

**Alternate Phone Number**

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

**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.

CR 84 and CR 19

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

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

The whole pad is lit up early in the morning, now that it get darker earlier, it's lit up well last dark. It shines directly into our home and has woken us up in the morning before. I have contacted the company and they just said 'OSHA' but we were told by the state and the county they couldn't have it lit in the dark unless they had a wall up which they do not.

**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**

Nickel Road

**Did you contact the oil and gas company? \***

Yes  No

**Oil and Gas Company Contact Name**

Andrew Haney

**Well or Facility Name**

Please provide if known

Bhlem Pad

**Well or Facility Number**

Please provide if known

**ADDITIONAL INFORMATION**



**Are there supporting documents you wish to upload? \***

Yes  No

*Attachments are accepted for informational purposes only. Action by COGCC requires a direct observation by COGCC staff.*

**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  Paper Form  
 Letter  Email  
 Phone  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\***

Lighting

**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\***

478497

**Location Name**

BLEHM PAD

**County**

WELD

**Facility Location QtrQtr**

NENE

**Section**

9

**Township**

7N

**Range**

67W

**Latitude**

40.59500

**Longitude**

-104.89084

**Meridian**

6

**Operator Number**

10669

**Operator Name**

NATE WELCH

**Company Name**

NICKEL ROAD OPERATING LLC

**Select Staff\***

Gomez, Jason

**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

