

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

01/01/2023

***** *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 checked="" 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 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 *

LYNN

Your Last Name *

JOHNS

Your Address *

8690 CR 10

Your City *

Fort Lupton

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80621

Email Address *

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

jlpipeline@aol.com

Your Phone Number

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

303-548-2726

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.

Tankers are running 24-7 from our road, to north on wcr 19. From wcr 10 to sh52 is weight limited, also is traffic safety concern. They are well over weight, even empty, we follow the law, so should they. They can go west to wcr 15 or 17.

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

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

Please see above...wcr 10 & wcr 19 to sh52

Is this an ongoing issue(s)? *

Yes No

Do you know who the oil and gas company is? *

Yes No

Well or Facility Name

Please provide if known

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION**Are there supporting documents you wish to upload? ***

Yes No