

# 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**

403349416

**Unique ID**

403349416

## COMPLAINT INFORMATION

**Date of Complaint**

03/19/2023

**\* 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

**Your First Name \***

Christina

**Your Last Name \***

Person

**Your Address \***

8637 County Road 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).

Several vibrations felt in our home, shaking it over the past 12 hours. Several neighbors felt it as well. Shakes and vibrates our home and spooks our horses. We've complained before and told it wouldn't happen again. It's happening again and we fear our foundations will be damaged from this movement.

**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

**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

**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 \***

Pesicka, Conor

**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 \***

Property\_Damage

**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 \***

Kraich, Adam

**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).

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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 \***

\_other

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

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