

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

05/13/2023

***** *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 type="checkbox"/> Traffic | <input checked="" 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 *

Scott

Your Last Name *

Salo

Your Address *

26995 CR 122

Your City *

Grover

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80729

Email Address *

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

cattlacfeeders@yahoo.com

Your Phone Number

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

308-575-0064

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.

Salt Ranch llc

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

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

Operator continues to have trash blowing off pad on to adjacent pastures. Contractors continue to come and go with unsecured trash in vehicles blowing out along 5.6 miles of road, gate guard was asked to begin inspection of the bed of all vehicles for unsecured trash.

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

Upland exploration

Did you contact the oil and gas company? *

Yes No

Oil and Gas Company Contact Name

David watts Larry Jenkins

Well or Facility Name

Please provide if known

Salt Ranch 18

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No

Upload Supporting Documents

Maximum of 5 files can be uploaded and each file size must be 10mb and under. PDF, JPG, and PNG formats only. To upload a document simply drag and drop it onto this area in your browser or click the Upload button.

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