

# 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**

403444307

**Unique ID**

403444307

## COMPLAINT INFORMATION



**Date of Complaint**

06/24/2023

**\* Indicates a Required Field**

**Type of Complaint \***

Select all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality/ Odor                     | <input type="checkbox"/> Dust   |
| <input checked="" 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 checked="" 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="Remediation Completion"/> |

**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

**Your First Name \***

Larry

**Your Last Name \***

Bosaw

**Your Address \***

10467 County Road 8

**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.

larrykb48@aol.com

**Your Phone Number**

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

303-908-1937

**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.

Behind my hay barn at 10467 CR 8, Ft. Lupton, CO. 80621 KPK calls this the 3 Farms Site. Project # 19616 ID # 482598

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

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

This hole in my property has been abandoned for over 3 months. I have contacted KPK as well as Marcom and the COGCC with no resolution. I have not received and water quality reports even though my drinking water well is within a few hundred feet of this area. My driveway continues to degrade due to the daily traffic back to the site. Apparently, someone comes out daily to check on the hole. Other than that, nothing has been done since before March of this year. I'm losing revenue because I can't lease my pasture for grazing. I got a quick response from Nikki Graber back in March about fencing around the hole, but the fencing KPK installed was inadequate to contain the animals. If someone could give me an update on the progress of this project, I'd be very grateful. I'd like to have my property and privacy back.

**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**

KPK

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

Yes  No

**Oil and Gas Company Contact Name**

Avi Mehler

**Well or Facility Name**

Please provide if known

3 Farms

**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 \*

Adamczyk, Megan

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 \*

Ground\_Water\_Water\_Well

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 \*

482598

Location Name

3 Farms Consolidation line

County

WELD

Facility Location QtrQtr

NENW

Section

23

Township

1n

Range

67W

Latitude

40.04227

Longitude

-104.85799

Meridian

6

Operator Number

46290

Operator Name

Company Name

KP KAUFFMAN COMPANY INC

Select Staff \*

Graber, Nikki

**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

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 \***

Spills\_Soil\_Contamination

**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 \***

482598

**Location Name**

3 Farms Consolidation line

**County**

WELD

**Facility Location QtrQtr**

NENW

**Section**

23

**Township**

1n

**Range**

67W

**Latitude**

40.04227

**Longitude**

-104.85799

**Meridian**

6

**Operator Number**

46290

**Operator Name**

**Company Name**

KP KAUFFMAN COMPANY INC

**Select Staff \***

Graber, Nikki

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OGCC\_TEMPFORMS

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 \***

482598

**Location Name**

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OGCC\_TEMPFORMS