

CITIZEN/LOCAL GOV'T COMPLAINT FORM

Date/Time of Report: 7-8-96

Form Completed by: LA



Input to COGIMS

Complaint Reported By:

Complainant: _____
Company or Organization: _____
Address: _____

Phone: _____

Operator Name: K.P. Kaffman
Operator Phone: _____
Operator Address: 1-833-3251Landowner: Gene & Carolyn
Address: Bulthaupt
(BULL-TOP)
Phone: 1-828-0136Cell 472-2756
Dennis Kooztz

Date/Time of Occurrence, Discovery: _____

Location of Complaint:

Legal Description (1/4 1/4 S T R PM): W/2 NE/4 G-1N-68W

Well Name: Carl Peterson #1

Address or Verbal Location: _____

WCR1 & WCR3

Lease/Field Name: _____

API #: _____

County: Weld

Type of Facility: (Tank battery, flow line, pit, injection well, etc) well head

Complaint Description:

Provide a detailed description of the incident, problem, and cause (equipment failure or human error):

Shallow groundwater. Work not finished
to remove stained soil. Work began June 18.
Well shut in for 1 year



02159039

Notifications:

List the parties and agencies notified (COGCC, County, LEPC, BLM, DOT, EPA or other):

Date: _____ Agency: _____ Contact Person: _____ Response: _____

7-8-96 called Dennis about complaint. He returned
the call stating that he will get the work finished,
has been busy with other leaks.

NOAV SENT 7/9/96 JH

CLEAN UP
COMPLAINT

CAUSED KPR KENT
1/29/98