

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

403568261

Unique ID

403568261

COMPLAINT INFORMATION

Date of Complaint

10/21/2023

*** Indicates a Required Field**

Type of Complaint *

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 checked="" 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 type="checkbox"/> Waste Management/ Dumping |
| <input type="checkbox"/> Notice Letters | <input type="checkbox"/> Other <input type="text"/> |

Incident County *

Las Animas County

Connection to Incident *

Select all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Land Owner | <input type="checkbox"/> Royalty Owner |
| <input checked="" type="checkbox"/> Nearby Resident | <input checked="" type="checkbox"/> Observed Incident |
| <input type="checkbox"/> Other <input type="text"/> | |

Will you provide your personal information for this complaint? *

Yes No

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.

Boncarbo Area

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

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

Noise sound Wall down

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

Evergreen Natural Resources

Did you contact the oil and gas company? *

Yes No

Oil and Gas Company Contact Name

Land person

Well or Facility Name

Please provide if known

Double Eagle Federal 32-15

Well or Facility Number

Please provide if known

API 05-071-0938

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No

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

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 *

Noise

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 *

309319

Location Name

DOUBLE EAGLE FEDERAL-632S66W

County

LAS ANIMAS

Facility Location QtrQtr

SWNE

Section

15

Township

32S

Range

66W

Latitude

37.25944

Longitude

-104.76493

Meridian

6

Operator Number

10705

Operator Name

JAMES ROBBAL

Company Name

EVERGREEN NATURAL RESOURCES LLC

Select Staff *

Labowskie, Steve

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
