

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

01/21/2024

***** *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 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 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 *

Rayman

Your Last Name *

Cornmesser

Your Address *

521 Hackberry Dr

Your City *

Security

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80911

Email Address *

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

cornman88@hotmail.com

Your Phone Number

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

719-465-1591

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.

Hill Well, Graham well, Centerfire well

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

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

Noise complaint. During the right atmospheric conditions the listed wells can be heard and felt at my property. Evergreen will not address the issue of the generator wells and the wells with faulty equipment, IE: Hill well with a broken collar that they refuse to repair. This well in particular can be heard and felt inside my cabin and above my TV, this well keeps me awake at night.

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

Chris Sanchez

Well or Facility Name

Please provide if known

Hill, Centerfire, Graham

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No