

# 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**

403661289

**Unique ID**

403661289

## COMPLAINT INFORMATION



**Date of Complaint**

01/20/2024

**\* 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 \***

Weld County

**Connection to Incident \***

Select all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Land Owner                 | <input type="checkbox"/> Royalty Owner     |
| <input checked="" 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 \***

Karla

**Your Last Name \***

Springer

**Your Address \***

1487 First Light Dr.

**Your City \***

Windsor

**Your State**

CO

**Your Zip Code \***

Maximum of 10 digits. Example 80202

80550

**Email Address \***

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

knovo4643@gmail.com

**Your Phone Number**

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

303-981-5184

**Alternate Phone Number**

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

303-981-5184

**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.

1487 First Light Dr. up and down the southeast side of the Raindance neighborhood. On the other side of the hill from an oil pad.

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

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

There is a loud boom that shakes the house. It happened Thursday night 1/18 approximately 5:10pm, Friday night 1/19 approximately 5:55pm, and Saturday 1/20 night approximately 8:50pm. Multiple residences in Raindance experienced the same sound and shaking of their house.

**Is this an ongoing issue(s)? \***

Yes  No

**Do you know who the oil and gas company is? \***

Yes  No

**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 \*

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 \*

433139

### Location Name

Milkshake Pad

### County

WELD

### Facility Location QtrQtr

SWSW

### Section

32

### Township

6N

### Range

67W

### Latitude

40.43917

### Longitude

-104.92439

### Meridian

6

### Operator Number

10459

### Operator Name

J. VAN HORN

### Company Name

EXTRACTION OIL & GAS INC

### Select Staff \*

Gomez, Jason

### 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