

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

- ☐ Air Quality/ Odor
- ☐ Ground Water/ Water Well
- ☒ Noise
- ☐ Royalties Payment/ Missing Production
- ☐ Traffic
- ☐ Notice Letters

- ☐ Dust
- ☐ Lighting
- ☐ Property Damage
- ☐ Spills/ Soil Contamination
- ☐ Waste Management/ Dumping
- ☐ Other

Incident County *

Weld County

Connection to Incident *

Select all that apply

- ☐ Land Owner
- ☒ Nearby Resident
- ☐ Other
- ☐ Royalty Owner
- ☐ Observed Incident

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