

# 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

403661291

## Unique ID

403661291

## COMPLAINT INFORMATION



### Date of Complaint

01/21/2024

**\* 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 \*

Las Animas 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 \*

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

**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

**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 \***

334321

**Location Name**

HILL-632S66W

**County**

LAS ANIMAS

**Facility Location QtrQtr**

NWSE

**Section**

22

**Township**

32S

**Range**

66W

**Latitude**

37.24076

**Longitude**

-104.76423

**Meridian**

6

**Operator Number**

10705

**Operator Name**

**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

