

# 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**

403676034

**Unique ID**

403676034

## COMPLAINT INFORMATION



**Date of Complaint**

02/03/2024

**\* 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 \***

Christina

**Your Last Name \***

Person

**Your Address \***

8637 County Road 84

**Your City \***

Fort Collins

**Your State**

CO

**Your Zip Code \***

Maximum of 10 digits. Example 80202

80524

**Email Address \***

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

cperson3434@gmail.com

**Your Phone Number**

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

970-988-8870

**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.

CR19 and CR84

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

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

The blow off is so so so so loud and is going off every 10 seconds!!!! I be called and called and called and finally got someone and they'll 'check' but they fact this is going on for over an hour with no one doing anything is complete unsafe and terrifying!!! I will be calling 911 if this is still going in 15 minutes because I fear for my home and my life!! Do something about this rig please! They are so so so unsafe and terrible and ruining my life!

**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**

Nickel Road

**Did you contact the oil and gas company? \***

Yes  No

**Oil and Gas Company Contact Name**

Their after hours number

**Well or Facility Name**

Please provide if known

Blehm Pad

**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**

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**Complaint Taken By \***

Adamczyk, Megan

**Method Received \***

- Online Tool  Paper Form  
 Letter  Email  
 Phone  Other

**Assign Complaint Type**

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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

**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

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