

# ECMC Form 18

(Populated from Complaint Intake Tool)

Note: Please provide as much detail related to location and issue as possible. Without enough detail, the ECMC will not be able to process or investigate the complaint and, therefore, the ECMC will have no choice but to discard the complaint.

File a written complaint via e-mail instead. -- [Email ECMC Complaint](#)

**Document Number**

403804000

**Unique ID**

403804000

## COMPLAINT INFORMATION



**Date of Complaint**

05/28/2024

**\* 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 type="checkbox"/> Noise  | <input type="checkbox"/> Property Damage            |
| <input checked="" 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 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

**Your First Name \***

steve

**Your Last Name \***

winter

**Your Address \***

3923 Cambridge St Apt 2

**Your City \***

Las Vegas

**Your State**

NV

**Your Zip Code\***

Maximum of 10 digits. Example 80202

89119

**Email Address\***

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

stevenwinter600@gmail.com

**Your Phone Number**

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

702-782-9337

**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.

weld county sec 29, township 8 north, range 59 west {wade]

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

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

the 3-year lease executed, Nov. 12, 2019, failed to renew on Nov. 12, 2022, for non-payment for 2-year option. Despite electronic notice about renewal failure, Incline energy proceeded to record a Knowling false statement about status of lease. The payment was tendered 17 days late per FedEx. A second lease in the name of Domino Wyoming oil company has same prblem.

**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**

Incline energy

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

Yes  No

**Oil and Gas Company Contact Name**

see lease filing notice for name of

**Well or Facility Name**

Please provide if known

Wade

**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 ECMC to communicate with you throughout the investigation?**

Select all that apply

- Phone  E-mail  US Mail

**ECMC - COMPLAINT TEAM**

**Complaint Taken By \***

Adamczyk, Megan

**Method Received \***

- Online Tool  Paper Form  
 Letter  Email  
 Phone  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 \***

Royalties\_Payment\_Missing\_Production

**Is this an ECMC or other State Agency issue? \***

(Routed Outside ECMC)

- ECMC  BLM  CDPHE  Law Enforcement  LGD  Other

**Location ID or Unknown \***

- Location ID  Unknown

**Location ID \***

330957

**Location Name**

WADE-68N59W

**County**

WELD

**Facility Location QtrQtr**

NWNE

**Section**

29

**Township**

8N

**Range**

59W

**Latitude**

40.63922

**Longitude**

-103.99695

**Meridian**

6

**Operator Number**

100322

**Operator Name**

ALLISON HAINES

**Company Name**

NOBLE ENERGY INC

**Select Staff \***

Thomas, Elias

**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

