

# 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**

403832612

**Unique ID**

403832612

## COMPLAINT INFORMATION



**Date of Complaint**

06/22/2024

**\* 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" value=""/> |

**Incident County \***

Weld County

**Connection to Incident \***

Select all that apply

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Land Owner  | <input checked="" type="checkbox"/> Royalty Owner     |
| <input checked="" type="checkbox"/> Nearby Resident                                     | <input checked="" type="checkbox"/> Observed Incident |
| <input checked="" type="checkbox"/> Other <input type="text" value="Ongoing Problems"/> |   |

**Will you provide your personal information for this complaint? \***

Yes  No

**Your First Name \***

Shane

**Your Last Name \***

Hall

**Your Address \***

120 County Rd.39

**Your City \***

Brighton

**Your State**

CO

**Your Zip Code\***

Maximum of 10 digits. Example 80202

80603

**Email Address\***

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

cattleman70@gmail.com

**Your Phone Number**

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

720-935-2851

**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.

Verdad Resources County line Rd 2 pad site.

East of I-76 on Weld County Rd. 2.

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

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

Halliburton is fracking the well site and the nightly noise is overwhelming. The generators are very loud to the point windows cannot be left open at night because of the constant noise. This noise was suppose to be quieter that the last ti.e we went through this according to Verdad Resources. This is an ongoing issue with this site. If it's not backup alarms its, generator noises, or some other noise to cause issues for the property owners near the site. Verdad Resources and Halliburton do not seem to care that we cannot sleep, or enjoy our properties because overwhelming, constant noise.

**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**

Verdad Resources

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

Yes  No

**Oil and Gas Company Contact Name**

Jeff Berghorn

**Well or Facility Name**

Please provide if known

County line 2 Site

**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

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 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 \*

474767

Location Name

County Line

County

WELD

Facility Location QtrQtr

SWSE

Section

31

Township

1N

Range

65W

Latitude

40.00145

Longitude

-104.70634

Meridian

6

Operator Number

10651

Operator Name

Taylor Onley

Company Name

VERDAD RESOURCES LLC

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

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