

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

403847716

Unique ID

403847716

COMPLAINT INFORMATION



Date of Complaint

07/08/2024

*** Indicates a Required Field**

Type of Complaint *

Select all that apply

- | | |
|----------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" 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 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 type="checkbox"/> Nearby Resident | <input checked="" 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 *

Andrew

Your Last Name *

Klooster

Your Address *

1705 Gaylord St

Your City *

Denver

Your State

CO

Your Zip Code*

Maximum of 10 digits. Example 80202

80206

Email Address*

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

aklooster@earthworksaction.org

Your Phone Number

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

231-942-8074

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.

KPK

Frederick Unit C

API 05-123-11764

40.098180, -104.944190

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

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

OGI survey from outside facility fence line identified leak from valve at base of pump jack stuffing box

Video: https://drive.google.com/drive/folders/1MNQhR9ceQUoB5F3xyZvpr9_PX2n15THk?usp=sharing

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

KP Kauffman

Did you contact the oil and gas company?*

Yes No

Well or Facility Name

Please provide if known

Frederick Unit C

Well or Facility Number

Please provide if known

05-123-11764

ADDITIONAL INFORMATION**Are there supporting documents you wish to upload?***

Yes No

Attachments are accepted for informational purposes only. Action by ECMC requires a direct observation by ECMC staff.

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 *

Air_Quality_Odor

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 *

336452

Location Name

FREDERICK UNIT A-62N68W

County

WELD

Facility Location QtrQtr

NENE

Section

36

Township

2N

Range

68W

Latitude

40.09883

Longitude

-104.94417

Meridian

6

Operator Number

46290

Operator Name

R. Gorka

Company Name

KP KAUFFMAN COMPANY 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

