

ECMC Complaint Intake Tool

By Submitting this form you are requesting an investigation of compliance with ECMC rules.

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](#)

COMPLAINT INFORMATION

Date of Complaint

07/14/2024

***** *Indicates a Required Field*

Complaint Type *

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 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 checked="" type="checkbox"/> Other <input type="text" value="claiming lease that never existed"/> |

Incident County *

Weld County

Connection to Incident *

Select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Land Owner | <input checked="" 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

Contact Information

Your First Name *

Steven

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

What is your preferred method for the ECMC to communicate with you throughout the investigation? *

Select all that apply

☐ Phone ☒ E-mail ☐ US Mail

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.

Wade prospect , Township 8 NORTH, range 59 west, section 29, unit drilling operator , Bison Petroleum.

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

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

2019 Incline Energy II of Dallas Texas acquired a 30 mineral three year lease from SAHF Recourses Denver Colorado from Steven A Winter and Domino Wyoming Oil Company. This three year lease was for the period of 11/12/2019 till 11/11/2022 at midnight. At expiration this lease became null and void. NO PAYMENT WAS RECIEVED OR TENDERED therefore the two year option became null and void. An electronic notice, to his phone number was provided to Mr. Bryan Hymer of the option lease failure with in a few days.

Not relevant, seventeen days later a FEDEX envelope left Houston Texas at 5 pm on November 26, 2022, arriving Denver on Monday November 29 2022, was seventeen days late from the lease expiration date. Improperly Mr. Hymer filed an affidavit per Section 38-42-106 CRS and I quote "that payment has been properly tendered to the lessor on November 9, 2022 before the expiration of the primary term". This affidavit was signed on December 1, 2022 and then notarized on December 2, 2022 by Bryan Hymer.

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

Lease Operator: Bison Petroleum, Denver Colorado

Did you contact the oil and gas company? *

☒ Yes ☐ No

Oil and Gas Company Contact Name

Bryan Hymer,V/P-Incline Energy

Well or Facility Name

Please provide if known

Wade Prospect

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

☐ Yes ☒ No