

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

403930066

Unique ID

403930066

COMPLAINT INFORMATION



Date of Complaint

09/22/2024

*** 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"/> |

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 *

Kathy

Your Last Name *

Kemper

Your Address *

524 Nesting Crane Lane

Your City *

Longmont

Your State

CO

Your Zip Code*

Maximum of 10 digits. Example 80202

80504

Email Address*

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

coloradohigherground@gmail.com

Your Phone Number

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

720-600-3144

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.

Knight Well Pad

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

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

Approximately 445-5 am on 9/22 we were awakened by a very loud noise. Sounded like a backfire. 2-3 backfires at a time. Much like a combustion engine backfiring. I had neighbors texting me at that time asking if I heard the noise as well. This excruciating and extremely frightening noise continued to approximately 6 am

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

1876

Did you contact the oil and gas company?*

Yes No

Well or Facility Name

Please provide if known

Knight

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*

457362

Location Name

KNIGHT PAD

County

WELD

Facility Location QtrQtr

SWNE

Section

30

Township

3N

Range

68W

Latitude

40.19804

Longitude

-105.04197

Meridian

6

Operator Number

10821

Operator Name

BRIAN ROTTINGHAUS

Company Name

1876 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