

# 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**

404008985

**Unique ID**

404008985

## COMPLAINT INFORMATION



**Date of Complaint**

11/27/2024

**\* 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 \***

Eric

**Your Last Name \***

Ewing

**Your Address \***

16974 CR 40

**Your City \***

La Salle

**Your State**

CO

**Your Zip Code\***

Maximum of 10 digits. Example 80202

80645

**Email Address\***

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

ewinghr@yahoo.com

**Your Phone Number**

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

970-347-7737

**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.

Ulrich 37-26 well 500' to the N of house operated by Chevron PDC Noble Energy within 1,000 feet of residence.

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

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

Noise and vibration from MIT equipment is noticeable in house on first floor. Going into third day. Operations were being conducted between 7:00 pm - 7:00 am as certain equipment was left running. No notice from Noble Energy received.

**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**

Chevron PDC Noble Energy

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

Yes  No

**Well or Facility Name**

Please provide if known

Ulrich

**Well or Facility Number**

Please provide if known

37-26

**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 \*

332589

## Location Name

HSR-AUSTIN-64N66W

## County

WELD

## Facility Location QtrQtr

SESE

## Section

26

## Township

4N

## Range

66W

## Latitude

40.27712

## Longitude

-104.73673

## Meridian

6

## Operator Number

69175

## Operator Name

Chris Fisher

## Company Name

PDC ENERGY 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