

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

404017937

Unique ID

404017937

COMPLAINT INFORMATION



Date of Complaint

12/06/2024

*** 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 *

Larimer 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 *

Julie

Your Last Name *

Duran

Your Address *

jesde3544@hotmail.com

Your City *

Loveland

Your State

CO

Your Zip Code*

Maximum of 10 digits. Example 80202

80538

Email Address*

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

jesde3544@hotmail.com

Your Phone Number

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

720-476-9172

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.

Excessive noise.

<https://ring.com/share/5bcfbf18-bf9f-492f-b108-bbb6e4a5e858>

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

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

It is 3am/4am in the morning and I can hear a constant humming sound that woke me up for like an hour at least. Are you kidding me? In the middle of the night disturbing residents. Very loud, constant, humming sound, without a break. Hear the ring video with audio attached above.

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

Bison IV Operating

Did you contact the oil and gas company?*

Yes No

Well or Facility Name

Please provide if known

CE Pad Project

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 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 *

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 *

335890

Location Name

YOUNG MC-61N69W

County

BOULDER

Facility Location QtrQtr

NWSW

Section

23

Township

1N

Range

69W

Latitude

40.03493

Longitude

-105.09224

Meridian

6

Operator Number

10459

Operator Name

DAVID HOLMES

Company Name

EXTRACTION OIL & GAS 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