

# 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**

404042331

**Unique ID**

404042331

## COMPLAINT INFORMATION



**Date of Complaint**

12/30/2024

**\* Indicates a Required Field**

**Type of Complaint \***

Select all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality/ Odor                     | <input checked="" type="checkbox"/> Dust            |
| <input type="checkbox"/> Ground Water/ Water Well              | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Royalty Owner     |
| <input checked="" 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 \***

Shane

**Your Last Name \***

Hall

**Your Address \***

120 County Road 39

**Your City \***

Brighton

**Your State**

CO

**Your Zip Code\***

Maximum of 10 digits. Example 80202

80603

**Email Address\***

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

Cattleman70@gmail.com

**Your Phone Number**

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

720-935-2851

**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.

Verdad Resources- Countyline Well site

On Weld County Rd. 2 between i76 and Weld county Rd. 39.

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

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

The construction of the well pad has been completed, and the site is currently experiencing ongoing activity. Semi-trucks are arriving and departing continuously, with an average frequency of four to five trucks per hour, while an operational pump functions around the clock. Furthermore, a compressor operates continuously, resulting in elevated noise levels. A bright light tower is on from dusk until dawn. It is important to note that no landscaping has been conducted at this site, and the combination of wind and truck movement contributes to significant dust issues. Thank you for your attention to these operational details.

**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**

Verdad Resources

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

Yes  No

**Oil and Gas Company Contact Name**

Jeff Berghorn

**Well or Facility Name**

Please provide if known

Countyline Well

**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 \*

Dust

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 \*

474767

Location Name

County Line

County

WELD

Facility Location QtrQtr

SWSE

Section

31

Township

1N

Range

65W

Latitude

40.00145

Longitude

-104.70634

Meridian

6

Operator Number

10651

Operator Name

Taylor Onley

Company Name

VERDAD 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

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 \***

Lighting

**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 \***

474767

**Location Name**

County Line

**County**

WELD

**Facility Location QtrQtr**

SWSE

**Section**

31

**Township**

1N

**Range**

65W

**Latitude**

40.00145

**Longitude**

-104.70634

**Meridian**

6

**Operator Number**

10651

**Operator Name**

Taylor Onley

**Company Name**

VERDAD 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

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 \***

474767

**Location Name**

County Line

**County**

WELD

**Facility Location QtrQtr**

SWSE

**Section**

31

**Township**

1N

**Range**

65W

**Latitude**

40.00145

**Longitude**

-104.70634

**Meridian**

6

**Operator Number**

10651

**Operator Name**

Taylor Onley

**Company Name**

VERDAD 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

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 \***

Traffic

**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 \***

474767

**Location Name**

County Line

**County**

WELD

**Facility Location QtrQtr**

SWSE

**Section**

31

**Township**

1N

**Range**

65W

**Latitude**

40.00145

**Longitude**

-104.70634

**Meridian**

6

**Operator Number**

10651

**Operator Name**

Taylor Onley

**Company Name**

VERDAD 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

---