

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

404048198

Unique ID

404048198

COMPLAINT INFORMATION



Date of Complaint

01/06/2025

*** 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 type="checkbox"/> Noise | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Royalties Payment/ Missing Production | <input checked="" 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="barrier"/> |

Incident County *

Weld County

Connection to Incident *

Select all that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Land Owner | <input type="checkbox"/> Royalty Owner |
| <input type="checkbox"/> Nearby Resident | <input type="checkbox"/> Observed Incident |
| <input checked="" type="checkbox"/> Other <input type="text" value="Friend of landowner"/> | |

Will you provide your personal information for this complaint? *

Yes No

Your First Name *

Hayden

Your Last Name *

Hill

Your Address *

12889 Clearview Street

Your City *

Firestone

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.

hhill@gowireline.com

Your Phone Number

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

940-389-8113

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.

KP Kauffman
HAZEL MCHALE Facility ID: 488191
SWSE 26 2N67W
40.103760 / -104.855838
WCR 18 and WCR 23

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

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

On Thursday, 1/2/25, the landowner noticed a significant amount of oil coming out of a broken sight glass of the separator. He called me for help on this matter, so I directed him to call the emergency number on the facility sign. A crew showed up shortly to fix the sight glass, but the ground contamination was not thoroughly addressed. His cattle came around during the process, so the landowner also asked them to fix their fence barrier around the facility, but this has not been taken care of properly either, so a lot of time is spent now keeping the cattle out and away from the equipment. He will most likely stretch wire himself to fix this problem if it does not raise concern with KP Kauffman.

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

KP Kauffman

Did you contact the oil and gas company?*

Yes No

Oil and Gas Company Contact Name

Emergency Number 303-825-4822

Well or Facility Name

Please provide if known

Hazel McHale

Well or Facility Number

Please provide if known

488191

ADDITIONAL INFORMATION



Are there supporting documents you wish to upload? *

Yes No

Attachments are accepted for informational purposes only. Action by ECMC requires a direct observation by ECMC staff.

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 *

Spills_Soil_Contamination

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 *

488191

Location Name

Weld Cty2 Klitz9-26A Facility

County

WELD

Facility Location QtrQtr

SWSE

Section

26

Township

2N

Range

67W

Latitude

40.10406

Longitude

-104.85568

Meridian

6

Operator Number

47120

Operator Name

Company Name

KERR MCGEE OIL & GAS ONSHORE LP

Select Staff*

Graber, Nikki

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*

_other

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*

488191

Location Name

Weld Cty2 Klitz9-26A Facility

County

WELD

Facility Location QtrQtr

SWSE

Section

26

Township

2N

Range

67W

Latitude

40.10406

Longitude

-104.85568

Meridian

6

Operator Number

47120

Operator Name

Company Name

KERR MCGEE OIL & GAS ONSHORE LP

Select Staff*

Graber, Nikki

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



DANGER
NO SMOKING

KPK
PACIFIC GAS AND ELECTRIC COMPANY
DANGER
HIGH PRESSURE GAS
DO NOT OPERATE WITHOUT
PROPER TRAINING AND
EQUIPMENT



4
2 0

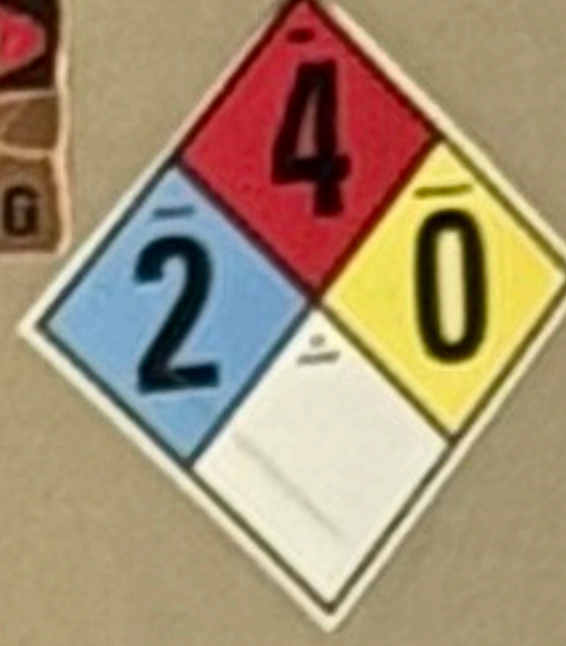
DANGER
NO SMOKING

DANGER
NO SMOKING,
MATCHES OR
OPEN LIGHTS

CRUDE
OIL
300
BBL

SAFETY
INSTRUCTIONS

DANGER
NO
SMOKING



KPK
K.P.KAUFFMAN COMPANY, INC.
McHale, Hazel #1, #2, #3 & #4 Tank Battery
SW SE Sec. 26, T2N, R67W
Weld County
WCR 23 & WCR 18

In case of emergency call 303-825-4822 or 911