

# 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**

404120577

**Unique ID**

404120577

## COMPLAINT INFORMATION



**Date of Complaint**

03/09/2025

**\* 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 type="checkbox"/> Other <input type="text"/>            |

**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 type="checkbox"/> Other <input type="text"/> |  |

**Will you provide your personal information for this complaint? \***

- Yes  No

**Your First Name \***

Dale

**Your Last Name \***

Cantwell

**Your Address \***

1531 Preserve Dr.

**Your City \***

Frederick

**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.

dalecantwell@yahoo.com

**Your Phone Number**

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

303-902-4503

**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.

On January 16, 2025 The ECMC finalized form 27 (document number 403909415), on a spill that originally occurred on 8-23-2024. In that form ECMC ordered KP Kauffman to:

"As required by Rule 915.e.(3)A.ii, Operator will install monitoring wells (within the spill/release area, cross-gradient, down-gradient, and up-gradient) to properly characterize groundwater pursuant to Rule 915 and determine hydraulic gradient. ECMC approves the proposed monitoring well locations; however, additional monitoring wells may be required based on ongoing site investigation and remediation. Additionally, Operator shall:  
- Install the monitoring wells and soil borings within 45 days from approval of this form."

The 45 day period has passed and NO activity has/is taking place on the site.

MY complaint is that the operator is in violation of ECMC's order on form 27, regarding installing monitoring wells and other items. I am very concerned that the Operator complete the cleanup in a timely manor.

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

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

On January 16, 2025 The ECMC finalized form 27 (document number 403909415), on a spill that originally occurred on 8-23-2024. On February 11, 2025 I emailed the operator (attached) asking to have an on-site meeting concerning the upcoming work that needed to be done to comply with the order. Cullen Chew KPK's Environmental Coordinator responded by saying they were too busy to comply with the order and would probably get to it after 60-90 days. My response to them was the 45 day requirement was not mine but that of ECMC, and If KPK received an extension from ECMC please let me know. As of this date I see no revision to the form 27, which is where I assume and extension would be recorded if one have actually been given.

**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**

Cullen Chew

**Well or Facility Name**

Please provide if known

Facility 3 @ Rasmussen Flowline

**Well or Facility Number**

Please provide if known

**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  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 \***

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 \***

487690

**Location Name**

Facility 3 @ Rasmussen Flowline

**County**

WELD

**Facility Location QtrQtr**

SWNE

**Section**

29

**Township**

2N

**Range**

68W

**Latitude**

40.11033

**Longitude**

-105.02437

**Meridian**

6

**Operator Number**

46290

**Operator Name****Company Name**

KP KAUFFMAN COMPANY INC

**Select Staff\***

Adamczyk, Megan

**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