

COGCC Form 18

(Populated from Complaint Intake Tool)

Note: Please provide as much detail related to location and issue as possible. Without enough detail, the COGCC will not be able to process or investigate the complaint and, therefore, the COGCC will have no choice but to discard the complaint.

File a written complaint via e-mail instead. -- [Email OGCC Complaint](#)

Document Number

403147834

Unique ID

403147834

COMPLAINT INFORMATION



Date of Complaint

08/26/2022

*** 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 checked="" type="checkbox"/> Other <input type="text" value="Severe Vibration"/> |

Incident County *

Weld County

Connection to Incident *

Select all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Land Owner | <input 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 Weld 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.

Continued vibration started at 05:51 am this morning has been going on for about 4 minutes now.

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

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

This is an ongoing problem with severe Vibrations and loud hissing from the Missouri 31 well site. This started on Monday 082422 and gas continued through this morning.

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

Well or Facility Name

Please provide if known

Missouri 31

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 COGCC to communicate with you throughout the investigation?

Select all that apply

Phone E-mail US Mail

COGCC - 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 OGCC or other State Agency issue?*

(Routed Outside COGCC)

- OGCC
- BLM
- CDPHE
- Law Enforcement
- LGD
- Other

Location ID or Unknown*

- Location ID
- Unknown

Location ID*

453535

Location Name

Missouri

County

WELD

Facility Location QtrQtr

SESE

Section

31

Township

1N

Range

65W

Latitude

40.00289

Longitude

-104.70070

Meridian

6

Operator Number

10651

Operator Name

Kyle Daley

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*

_other

Is this an OGCC or other State Agency issue? *

(Routed Outside COGCC)

OGCC BLM CDPHE Law Enforcement LGD Other

Location ID or Unknown *

Location ID Unknown

Location ID *

453535

Location Name

Missouri

County

WELD

Facility Location QtrQtr

SESE

Section

31

Township

1N

Range

65W

Latitude

40.00289

Longitude

-104.70070

Meridian

6

Operator Number

10651

Operator Name

Kyle Daley

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