

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

403368568

Unique ID

403368568

COMPLAINT INFORMATION



Date of Complaint

04/09/2023

*** 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 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="Livestock hit"/> |

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 *

Scott

Your Last Name *

Salo

Your Address *

26995 CR 122

Your City *

Grover

Your State

CO

Your Zip Code *

Maximum of 10 digits. Example 80202

80729

Email Address *

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

cattlacfeeders@yahoo.com

Your Phone Number

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

307-575-0064

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.

Lease road Salt Ranch

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

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

Operator's subcontractors continue to speed and dust our cattle dust clouds reaching 1/2-3/4 mile off lease road. Today while checking water found one with a possible broken shoulder, cattle have been on pasture for 4 days and were trailed to it obviously all cattle made journey physically sound. Contractors continue to drive 27-47 mph over Easter Weekend when hurt livestock was discovered. The only vehicles traveling road are upland exploration contractors. The dust and speeding continue even after two visits from COGCC inspectors. Pictures and videos sent to Chris Binschus and Denise Arthur.

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

Upland exploration

Did you contact the oil and gas company? *

Yes No

Oil and Gas Company Contact Name

Larry Jenkins David watts

Well or Facility Name

Please provide if known

Salt Ranch 18

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 COGCC requires a direct observation by COGCC staff.

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 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*

_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*

456651

Location Name

Salt Ranch Fee

County

WELD

Facility Location QtrQtr

SESE

Section

18

Township

11N

Range

64W

Latitude

40.91460

Longitude

-104.58448

Meridian

6

Operator Number

10701

Operator Name

Cody Witt

Company Name

UPLAND EXPLORATION 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
