



State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203: (303) 894-2100 Fax: 894-2109

FOR OGCC USE ONLY

Complaint taken by: _____

COMPLAINT REPORT

This form may be submitted by any party with a complaint regarding oil and gas extractive operations. The complainant is to complete this form and mail to: COGCC, 1120 Lincoln St., Ste 801, Denver, CO, 80203 or fax to (303) 894-2109. The OGCC will investigate the complaint and determine what action, if any, should be taken.

COMPLAINT TYPE

Environmental Damage Noise Payment Site Maintenance Other (describe): _____

COMPLAINANT INFORMATION

Name: <i>Jerry Mc Closkey</i>	Phone Numbers:
Address: _____	No: <i>1-970-346-0038</i>
City: _____ State: <i>CO</i> Zip: _____	Fax: _____
Date: <i>10/23/97</i>	E-mail: _____
Connection to incident (land owner, royalty owner, etc.): _____	

DESCRIPTION OF COMPLAINT (Please be as specific as possible)

Name of Operator: <i>Genex Petroleum Corp</i>	Location
Date of incident: <i>10/23/97</i>	County: <i>Weld</i>
Type of facility (well, tank battery, flow line, pit): _____	Field Name: _____
Well Name and Number: <i>Mc Closkey 11-9</i>	QtrQtr: <i>SWNW</i> Section: <i>9</i>
API Number: 05- <i>123 11683</i>	Township: <i>5N</i> Range: <i>6W</i> Meridian: _____
Was the operator contacted? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, contact name: _____	
Provide a detailed description of the incident, problem, and cause (equipment failure, human error, etc.):	
<p><i>business 34 + 71st Ave</i> <i>@ Land owner complaint of dirt dumped</i> <i>on his road - will inspect at</i> <i>later date</i></p>	

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Agency	Contact Person	Response

COMPLAINT RESPONSE REPORT (COGCC Use Only)

Complaint Tracking Number: _____
Complainant: _____
OGCC Operator No: _____
Received Date: _____
Well Name & No: _____
Location: _____
Facility Type: _____

OGCC Employee: _____

CONTACT LOG

List the parties contacted (Operator, Complainant, County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Party	Contact Person	Response

OPERATOR RESPONSE

Name: _____	Phone: _____	Date: _____
<p>Details: <i>Left msg. at Denver office to return my call 10/23/97 spoke w/ pumper who said he would clean up location</i></p>		

FIELD VISIT/FOLLOW UP

Contact: _____	Phone: _____	Date: _____
<p>Details: <i>11/21/97 - Work not done NOAV written</i></p>		

FINAL RESOLUTION

Date: _____	Letter sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Details:</p> 		