

# 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**

402821942

**Unique ID**

402821515

## COMPLAINT INFORMATION



**Date of Complaint**

09/24/2021

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

**Incident County \***

Weld County

**Connection to Incident \***

Select all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Land Owner                 | <input type="checkbox"/> Royalty Owner     |
| <input checked="" 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 \***

Donna

**Your Last Name \***

Wagner

**Your Address \***

1717 Yampa River Dr

**Your City \***

Windsor

**Your State**

CO

**Your Zip Code \***

Maximum of 10 digits. Example 80202

80550

**Email Address \***

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

donna1016@comcast.net

**Your Phone Number (?)**

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

970-218-8404

**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.

Great Western Raindance pad by Poudre Trail, Windsor

My residence is located in the Poudre Heights subdivision, south & down wind of the Raindance facility.

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

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

I filed a complaint 2 weeks ago on 09/10/21. Complaint # 402807344. It is 4:42 am, and have been awake for 2 hours already due to excessive noise. The noise situation has surpassed all possible tolerance limits.

SHUT IT DOWN! SHUT IT DOWN! SHUT IT DOWN! N O W

**Is this an ongoing issue(s)? \***

Yes  No

**Do you know who the oil and gas company is? \***

Yes  No

**Well or Facility Name**

Please provide if known

Raindance

**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

**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**

Location ID	Location Name	Location County
427917	Raindance Drilling FD Pad	Windsor

QtrQtr	Section	Township	Range
NENE	30	6N	67W

Latitude	Longitude	Meridian
40.463222	-104.927175	6

Operator Number	Operator Name	Company Name
10110	Dallas Nielsen	GREAT WESTERN OPERATING COMPANY LLC

**Assigned Staff**

Gomez, Jason

**TECHNICAL STAFF - FORM 18**

**Date Initial Contact Made \***

09/28/2021

**Operator Contacted \***

- Yes
- No

**Operator Agency/ Organization/ Company Name**

**COGCC Staff Member**

Santistevan, Brittani

## TECHNICAL STAFF - FORM 18A

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**Field Inspection Reports \***

Yes  No

**Correction Action Issued?**

Yes

## Field Inspection Reports

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**Field Inspection Reports Number \***

679604200

**Alleged Rule Violation \***

Yes  No

**Date Investigation Completed \***

09/28/2021

**Completed By \***

Santistevan, Brittani

**Details** \* (?)

Inspection in response to complaint.

Field Inspector Assigned: Brittani Santistevan

Complaint Received:

Date: 09/27/21

Complaint Contacted: yes, email

Date: 09/28/21

Location #: 427917

Inspection Document #: 670604197, 679604199

Complaint Inspection Doc#: 679604200

Complaint Doc #: 402821515, 402821518

Nature of complaint: noise

Field Inspector Actions:

On 09/27/21 I, Brittani Santistevan, area field inspector was assigned a complaint received my COGCC staff in reference to noise. The complainant (Donna Wagner, 1717 Yampa River Dr.) stated the issues were occurring outside the complainants home.

On 09/28/21 I attempted to make contact with complainant who indicated that on 09/24/21 experiencing excessive noise in the early morning hours.

I performed a complete site inspection of the oil and gas location and associated wells in area. At time of inspection I did not observe any unusual noise in or around location. I performed a one hour sound study. Study appears to be within the COGCC rules. Sound data will be attached to complaint inspection document.

At time of inspection I spoke with Jeremy Mills and Dusty Weatherford, drilling supervisors. They stated at the time of complaint they were drilling and no unusual activity was taking place. Both supervisors stated that they were skidding over to start new wells at the time of complaint.

Weather conditions: sunny, clear skies

**Comments**

**NOAV Issued** \*

Yes  No

**Form 19 Created** \*

Yes  No

**Form 27 Created** \*

Yes  No

**COMPLAINT TEAM - LETTER SENT**

**Final Approved\***

Selecting No will route this form back to the assigned staff member.

- Yes  No

**Final Approval Comments**

**Letter Sent\***

- Yes  No