

# COGCC Complaint Intake Tool

By Submitting this form you are requesting an investigation of compliance with COGCC rules.

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](#)

## COMPLAINT INFORMATION

### Date of Complaint

12/05/2021

**\*** *Indicates a Required Field*

### Complaint Type \*

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="unable to irrigate"/> |

### 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

## Contact Information

### Your First Name \*

Rick

### Your Last Name \*

Hodgson

### Your Address \*

4453 CR7

### Your City \*

Erie

### Your State

CO

**Your Zip Code \***

Maximum of 10 digits. (Example) 80202

80516

**Email Address \***

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

rickhodgson4453@yahoo.com

**Your Phone Number**

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

303-775-7208

**Alternate Phone Number**

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

**What is your preferred method for the COGCC to communicate with you throughout the investigation? \***

Select all that apply

Phone  E-mail  US Mail

**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.

4453 CR7 Erie, Colo. API# 123-12711 Champlin 8611

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

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

After removing the oil well they filled in with dirt and it is too high and not level so the irrigation water won't run across that area to water the lower part of the field.

**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**

Anadarco

**Did you contact the oil and gas company? \***

Yes  No

**Oil and Gas Company Contact Name**

Chris Binschus

**Well or Facility Name**

Please provide if known

Champlin 8611

**Well or Facility Number**

Please provide if known

API# 123-12711

**ADDITIONAL INFORMATION**

Are there supporting documents you wish to upload? \*

Yes  No