

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

12/26/2021

***** *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 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

Contact Information

Your First Name *

Kathy

Your Last Name *

Kemper

Your Address *

524 Nesting Crane Lane

Your City *

Longmont

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80504

Email Address *

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

coloradohigherground@gmail.com

Your Phone Number

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

720-951-3949

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.

Knight Well Pad

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

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

Strong vibrations felt in house starting at 8 am. Pictures and dishes rattling in cabinets. Vacillates between constant low rumble with louder sound and stronger vibrations. Can feel vibrations in the floor. Observation of the issue stemming from Knight Well Pad activities. Can hear operations occurring while feeling vibrations

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

Cub Creek Energy

Did you contact the oil and gas company? *

☐ Yes ☒ No

Well or Facility Name

Please provide if known

Knight Well Pad

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION**Are there supporting documents you wish to upload? ***

☐ Yes ☒ No