

# 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**

402908978

**Unique ID**

402908978

## COMPLAINT INFORMATION



**Date of Complaint**

12/27/2021

**\* Indicates a Required Field**

**Type of Complaint \***

Select all that apply

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Air Quality/ Odor          | <input type="checkbox"/> Dust                       |
| <input type="checkbox"/> Ground Water/ Water Well              | <input checked="" 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 checked="" type="checkbox"/> Land Owner      | <input checked="" type="checkbox"/> Royalty Owner     |
| <input checked="" type="checkbox"/> Nearby Resident | <input checked="" 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 \***

Shane

**Your Last Name \***

Hall

**Your Address \***

120 County Rd. 39

**Your City \***

BRIGHTON

**Your State**

CO

**Your Zip Code \***

Maximum of 10 digits. Example 80202

80603

**Email Address \***

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

cattleman70@gmail.com

**Your Phone Number**

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

720-935-2851

**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.

Well #1 On Weld County Rd 2 between Interstate 76 and County Rd. 39 north side of County Rd 2 (East of I-76)

Well #2 On Weld County Rd 4 between County Rd. 37 and County Rd. 39 north side of County Rd. 4 (West of I-76)

Well #1 Currently being drilled (on site approx 40 days)

Well #2 Currently being fracked (on site approx 60 days)

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

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

This well is approx. 1100 ft. Or less from most property owners

Well #1 Constant Noise (24 hrs a day worse at night even with walls)

Constant Odors (diesel,oily, chemical odor)

Constant Vibrations (24 hrs a day)

Constant Back-up alarm (from Wheel loader tractor working on site)

How much worse will this be when fracking starts?

Well #2 Constant Noise (24 hours worse at night)

Constant Vibration (24 hours a day (we did have a reprieve for Christmas day)

Constant Lights (looks like mile high stadium)

Constant Semis (hauling fracking sand)

Constant Odors Smoke/Odor (diesel)

Town of Lochbuie residents also complaining of same items list above

**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**

Verdad Resources

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

Yes  No

**Oil and Gas Company Contact Name**

Jeff Berghorn

**Well or Facility Name**

Please provide if known

**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  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 \***

Air\_Quality\_Odor

**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 \***

474767

**Location Name**

County Line

**County**

WELD

**Facility Location QtrQtr**

SWSE

**Section**

31

**Township**

1N

**Range**

65W

**Latitude**

40.00145

**Longitude**

-104.70634

**Meridian**

6

**Operator Number**

10651

**Operator Name**

Taylor Onley

**Company Name**

VERDAD RESOURCES 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

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\***

Lighting

**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\***

474767

**Location Name**

County Line

**County**

WELD

**Facility Location QtrQtr**

SWSE

**Section**

31

**Township**

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OGCC\_TEMPFORMS

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**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 ID \***

474767

**Location Name**

County Line

**County**

WELD

**Facility Location QtrQtr**

SWSE

**Section**

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