

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

402909060

Unique ID

402908890

COMPLAINT INFORMATION



Date of Complaint

12/26/2021

*** 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 *

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

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

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

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
457362	KNIGHT PAD	

QtrQtr	Section	Township	Range
SWNE	30	3N	68W

Latitude	Longitude	Meridian
40.198040	-105.041970	6

Operator Number	Operator Name	Company Name
10542	BRIAN ROTTINGHAUS	CUB CREEK ENERGY

Assigned Staff

Gomez, Jason

TECHNICAL STAFF - FORM 18

Date Initial Contact Made *

01/04/2022

Operator Contacted *

- Yes
- No

Operator Agency/ Organization/ Company Name

COGCC Staff Member

COGCC Comments

TECHNICAL STAFF - FORM 18A

Field Inspection Reports *

Yes No

Correction Action Issued?

Yes

Field Inspection Reports

Field Inspection Reports Number *

699304751

Alleged Rule Violation *

Yes No

Date Investigation Completed *

01/07/2022

Completed By *

Revas, Robbie

Details * (?)

Inspection in response to complaint.
Field Inspector Assigned: Robbie Revas
Complaint Received
Date: 12-26-2021
Complaint Contacted: Yes via phone
Date: 12-27-2021 Time: 16:10PM
Location ID # 457326
Location name: Knight Pad
Inspection Document # 699304749
Complaint inspection document #699304751
Complaint Document #402908890
Nature of Complaint: Noise/ Vibration
Field Inspector Actions:

On 1-4-2022, I Robbie Revas area field inspector was assigned a complaint received by COGCC staff in reference to Noise. The complainant Kathy Kemper at 524 Nesting Crane Lane stated the issues were occurring outside of complainants home. I performed a complete site inspection of the oil and gas location and associated wells in the area. At time of inspection, I did not observe any unusual noise in or around location. All information reviewed and site inspection information has been submitted to the COGCC for further review.

Comments

Field Inspection Reports Number *

699304749

Alleged Rule Violation *

Yes No

Date Investigation Completed *

01/07/2022

Completed By *

Revas, Robbie

Details * (?)

COGCC Inspection Report Summary

On Tuesday 1/4/22 at approximately 1100 hrs I, Inspector Robbie Revas, Conducted an on-site inspection at Knight Pad of Cub Creek Energy Location ID #457362 in Weld County, Colorado.

While there, I observed the Knight Pad is currently in production & has actively working crews on location.

There was no unusual sounds in or around location at the time of inspection.

No violation of the COGCC rules were observed at the time of inspection.

This is a summary of inspection report.

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