

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

06/29/2022

***** *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="Large tank in field hinders irrigation"/> |

Incident County *

Weld County

Connection to Incident *

Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Land Owner | <input type="checkbox"/> Royalty Owner |
| <input type="checkbox"/> Nearby Resident | <input type="checkbox"/> Observed Incident |
| <input checked="" type="checkbox"/> Other <input type="text" value="Farm renter"/> | |

Will you provide your personal information for this complaint? *

☒ Yes ☐ No

Contact Information

Your First Name *

Lar

Your Last Name *

Voss

Your Address *

27455 CR 15, Johnstown, CO 80534

Your City *

Johnstown, CO

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80534

Email Address *

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

lar@larvoss.com

Your Phone Number

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

970-204-9300

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.

NW 1/4 18-5-67 South of Highway 34 and east of Weld County Road 13

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

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

KP Kaufman has left a large "temporary" tank in the field for over a year. Keep saying it will be removed but has not been. It was only supposed to be there 30 days per one employee. The tank keeps me from irrigating a large portion 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

KP Kaufman

Did you contact the oil and gas company? *

☒ Yes ☐ No

Oil and Gas Company Contact Name

Avie

Well or Facility Name

Please provide if known

Spade

Well or Facility Number

Please provide if known

319612

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

☐ Yes ☒ No