

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

403403244

Unique ID

403403244

COMPLAINT INFORMATION



Date of Complaint

05/15/2023

*** 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 type="checkbox"/> Noise | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Royalties Payment/ Missing Production | <input checked="" 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 type="checkbox"/> Nearby Resident | <input type="checkbox"/> Observed Incident |
| <input checked="" type="checkbox"/> Other <input type="text" value="City of Dacono- Relevant Local Government"/> | |

Will you provide your personal information for this complaint? *

- Yes No

Your First Name *

Jennifer

Your Last Name *

Krieger

Your Address *

512 Cherry Avenue

Your City *

Dacono

Your State

CO

Your Zip Code*

Maximum of 10 digits. Example 80202

80514

Email Address*

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

jkrieger@cityofdacono.com

Your Phone Number

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

303-833-2317

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.

DACONO/WELD 123

SESE 2 1N68W 6

City of Dacono

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

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

Lack of progress on Spill ID 478542/Remediation 18952

Spill Discovery Date: 11/11/2020

Days open: 860 days

Corrective action has not been taken by KPK. The City of Dacono requests proper corrective action as detailed by the COGCC in report dated 3/28/2023.

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**

KPK- 46290

Did you contact the oil and gas company?* Yes No**Well or Facility Name**

Please provide if known

Cosslet A 9 Flowline

Well or Facility Number

Please provide if known

478542

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

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 *

Spills_Soil_Contamination

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 *

478542

Location Name

Cosslet A 9 Flowline

County

WELD

Facility Location QtrQtr

SESE

Section

2

Township

1N

Range

68W

Latitude

40.07590

Longitude

-104.96663

Meridian

6

Operator Number

46290

Operator Name

Company Name

KP KAUFFMAN COMPANY INC

Select Staff *

Graber, Nikki

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
