

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

403502530

Unique ID

403502530

COMPLAINT INFORMATION



Date of Complaint

08/20/2023

*** 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 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 *

Archuleta 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 *

Michael

Your Last Name *

Myers

Your Address *

966 County Road 977

Your City *

Arboles

Your State

CO

Your Zip Code *

Maximum of 10 digits. Example 80202

81121

Email Address *

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

myerman@juno.com

Your Phone Number

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

480-438-0680

Alternate Phone Number

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

602-616-4029

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.

MARALEX RESOURCES INC.

Well Name: CONLEY #6

Surface Location: NE/4 NW/4 SEC. 24 T32N R6W

API No: 007-06208-00

Nearest Intersection CR 977 0.7mi. W of CR 975

County: Archuleta

PH# 970-563-4000

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

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

Constant noise is being generated by this well, noise is comparable to a large truck running at idle continuously, 24 hours a day, 7 days a week. Have had noise issues with this well since it was first commissioned by Maralex on October 30,2020. Since this commission date I have contacted Maralex by telephone regarding noise issues over twenty times. It has become obvious to me that they are not able nor willing to actually fix this problem. My home is directly west of this well, approximately 1000ft away, and in direct line of site.

The physical and mechanical condition of this well jack is poor, it appears to be over 50 years old and requires constant maintenance. I have observed workers repairing this well easily over 12x in the past year, six different occasions in the past two months. Their maintenance records, assuming they have them, should reflect this.

There is a second well about 300ft south of this noisy well that runs perfectly, never has made any noise at all, I have never seen it require maintenance other than routine maintenance, and I see it as an example of how a well should be expected to operate.

Thank you.

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

MARALEX RESOURCES

Did you contact the oil and gas company? *

Yes No

Oil and Gas Company Contact Name

Travis PH# 970-563-4000

Well or Facility Name

Please provide if known

Conley #6

Well or Facility Number

Please provide if known

007-06208-00

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 *

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 *

334029

Location Name

CONLEY-N32N6W

County

ARCHULETA

Facility Location QtrQtr

NENW

Section

24

Township

32N

Range

6W

Latitude

37.00790

Longitude

-107.45361

Meridian

N

Operator Number

53255

Operator Name

STEVEN C. MCCORMACK, PLS

Company Name

MARALEX RESOURCES INC

Select Staff*

Labowskie, Steve

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
