

# 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**

403635606

**Unique ID**

403635606

## COMPLAINT INFORMATION



**Date of Complaint**

12/25/2023

**\* 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 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 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 \***

Amy

**Your Last Name \***

Webster

**Your Address \***

29992 CR 18

**Your City \***

Keenesburg

**Your State**

CO

**Your Zip Code \***

Maximum of 10 digits. Example 80202

80643

**Email Address \***

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

racinggreats@yahoo.com

**Your Phone Number**

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

720-505-6706

**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.

BOYD 24-1H, 24-4HRig#2413-05H,06H thru 11HSE4/ SW4 Sec. 24-T2N-R64WInterstate 76- frontage Rd. 398 & Rd 59 E 5/10. N into Weld County CORig# Helen 24-3H, 24-4HHelen 2536-05H, thru 12HSe4/ SW4 Sec. 24-T2N-R64WArea approximately 40.118332, -104.501036

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

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

I have submitted video via email complaint submission coming from- racinggreats@yahoo.com to attached video proof for noise at night. Your system will not allow MP4 video file upload here. Mr. Silver from your system called claiming it has to be no ambient noise at night making it louder. Video on 12/25/23 shows proof w / ambient noise (Semi truck road traffic and highway traffic showing in the video) to go with.....

The following info from the prior complaint. Ever since this rig has been functioning it is running louder at night to where you can hear it at my property almost 3/4 mile away. This sound is not happening during the day. It is a loud low constant droning sound that also vibrates. There is often a high surge of noise like as if the rig is impacting something harder and is amped up for a while. Also, a loud pop like blowdowns etc. every so often. The site does not seem to have the SK-8steel sound barrier system nor engine mufflers to cut down the low frequency noise for the neighborhood right next to them. They are amping up production at night and avoiding doing these extra regulatory requirements for noise restrictions. I cannot sleep a full night, Migraines, headaches, ear pain and ringing as well as stress from lack of sleep is becoming too much. It is affecting my work and my health. I'm sure the people right next to it are dealing with worse.

**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

**Well or Facility Name**

Please provide if known

Verdad Resources

**Well or Facility Number**

Please provide if known

Location above

**ADDITIONAL INFORMATION**



**Are there supporting documents you wish to upload? \***

Yes  No

*Attachments are accepted for informational purposes only. Action by COGCC requires a direct observation by COGCC staff.*

**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 \***

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 \***

454529

**Location Name**

ARNOLD

**County**

WELD

**Facility Location QtrQtr**

SESW

**Section**

24

**Township**

2N

**Range**

64W

<b>Latitude</b>	<b>Longitude</b>	<b>Meridian</b>
40.12005	-104.50129	6

<b>Operator Number</b>	<b>Operator Name</b>
10651	KUNTSEN

**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

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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\***

454529

**Location Name**

ARNOLD

**County**

WELD

**Facility Location QtrQtr**

SESW

<b>Section</b>	<b>Township</b>	<b>Range</b>
24	2N	64W

<b>Latitude</b>	<b>Longitude</b>	<b>Meridian</b>
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