

# 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

03/11/2024

**\*** *Indicates a Required Field*

### Complaint Type \*

Select all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Air Quality/ Odor                     | <input type="checkbox"/> Dust                       |
| <input checked="" type="checkbox"/> Ground Water/ Water Well   | <input type="checkbox"/> Lighting                   |
| <input type="checkbox"/> Noise                                 | <input checked="" 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 checked="" type="checkbox"/> Land Owner      | <input type="checkbox"/> Royalty Owner     |
| <input 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

## Contact Information

### Your First Name \*

Patrick

### Your Last Name \*

Hladky

### Your Address \*

17977 County Road 20

### Your City \*

Fort Lupton

### Your State

CO

**Your Zip Code \***

Maximum of 10 digits. (Example) 80202

80621

**Email Address \***

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

patrickhlady@yahoo.com

**Your Phone Number**

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

**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 of a kpk oil well Christiansen unit 1

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

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

Open hole. Appears contaminated. Someone may fall in.

**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

**Did you contact the oil and gas company? \***

Yes  No

**Oil and Gas Company Contact Name**

Ne ne sec. 17 t2n r66w

**Well or Facility Name**

Please provide if known

Christensen unit 2

**Well or Facility Number**

Please provide if known

1 and 2

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

Yes  No

### Upload Supporting Documents

Maximum of 5 files can be uploaded and each file size must be 10mb and under. PDF, JPG, and PNG formats only. To upload a document simply drag and drop it onto this area in your browser or click the Upload button.

17101792758168941664498908051611.jpg

1.97MB

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