

ECMC Complaint Intake Tool

By Submitting this form you are requesting an investigation of compliance with ECMC rules.

Note: Please provide as much detail related to location and issue as possible. Without enough detail, the ECMC will not be able to process or investigate the complaint and, therefore, the ECMC will have no choice but to discard the complaint.

File a written complaint via e-mail instead. -- [Email ECMC Complaint](#)

COMPLAINT INFORMATION

Date of Complaint

05/28/2024

***** *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 checked="" 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 *

steve

Your Last Name *

winter

Your Address *

3923 Cambridge St Apt 2

Your City *

Las Vegas

Your State

NV

Your Zip Code*

Maximum of 10 digits. (Example) 80202

89119

Email Address*

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

stevenwinter600@gmail.com

Your Phone Number

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

702-782-9337

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 ECMC 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.

weld county sec 29, township 8 north, range 59 west {wade}

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

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

the 3-year lease executed, Nov. 12, 2019, failed to renew on Nov. 12, 2022, for non-payment for 2-year option. Despite electronic notice about renewal failure, Incline energy proceeded to record a Knowing false statement about status of lease. The payment was tendered 17 days late per FedEx. A second lease in the name of Domino Wyoming oil company has same prblem.

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

Incline energy

Did you contact the oil and gas company?*

Yes No

Oil and Gas Company Contact Name

see lease filing notice for name of

Well or Facility Name

Please provide if known

Wade

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No