

# ECMC Form 18

(Populated from Complaint Intake Tool)

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](#)

**Document Number**

403818322

**Unique ID**

403818322

## COMPLAINT INFORMATION



**Date of Complaint**

06/09/2024

**\* 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 type="checkbox"/> Spills/ Soil Contamination   |
| <input checked="" type="checkbox"/> Traffic                    | <input type="checkbox"/> Waste Management/ Dumping  |
| <input type="checkbox"/> Notice Letters                        | <input checked="" type="checkbox"/> Other <input type="text" value="Constant trucks from Halliburton"/> |

**Incident County \***

Weld County

**Connection to Incident \***

Select all that apply

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Land Owner      | <input checked="" type="checkbox"/> Royalty Owner     |
| <input checked="" type="checkbox"/> Nearby Resident | <input checked="" 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 \***

Shane

**Your Last Name \***

Hall

**Your Address \***

120 County Road 39

**Your City \***

Brighton

**Your State**

CO

**Your Zip Code\***

Maximum of 10 digits. Example 80202

80603

**Email Address\***

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

Cattleman70@gmail.com

**Your Phone Number**

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

720-935-2851

**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.

Halliburton has been asked by Verdad Resources to stop using road 39 because it is basically a residential road. Numerous people use the road. We also have a handicapped child on road 39 that stands by the road watching. Verdad has a sign stating no oilfield traffic. The west frontage road has no residences on it and can be use to gain access to well sites. This has gone on for over a month asking every single day for it to stop.

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

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

Constant Halliburton trucks hauling dry materials and getting Verdad site on Cr 2 ready to frack. This includes the speeding Halliburton pick up trucks.

**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

**Oil and Gas Company Contact Name**

Jeff Berghorn

**Well or Facility Name**

Please provide if known

Road 2 well site

**Well or Facility Number**

Please provide if known

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

Yes  No

**What is your preferred method for the ECMC to communicate with you throughout the investigation?**

Select all that apply

- Phone  E-mail  US Mail

**ECMC - COMPLAINT TEAM**

**Complaint Taken By \***

Adamczyk, Megan

**Method Received \***

- Online Tool  Paper Form  
 Letter  Email  
 Phone  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 \***

Traffic

**Is this an ECMC or other State Agency issue? \***

(Routed Outside ECMC)

- ECMC  BLM  CDPHE  Law Enforcement  LGD  Other

**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).

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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 \***

\_other

**Is this an ECMC or other State Agency issue? \***

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