

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

01/30/2025

***** *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 checked="" type="checkbox"/> Property Damage |
| <input type="checkbox"/> Royalties Payment/ Missing Production | <input checked="" type="checkbox"/> Spills/ Soil Contamination |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Waste Management/ Dumping |
| <input type="checkbox"/> Notice Letters | <input checked="" type="checkbox"/> Other <input type="text" value="Orphan well/gas line connected to structure"/> |

Incident County *

Larimer County

Connection to Incident *

Select all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Land Owner | <input checked="" 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 *

Terri

Your Last Name *

Butkovich

Your Address *

4536 N County Road 13

Your City *

Fort Collins

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80524

Email Address *

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

Terri@startmail.com

Your Phone Number

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

970-443-9901

Alternate Phone Number

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

970-493-4546

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.

4536 N County Road 13, Fort Collins, Colorado, 80524

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

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

Since I filed last complaint on 8/1/2024 hydrant in back yard broke and upon trying to dig up hydrant, within six inches of hydrant pipe I hit a gas line connected to the oil well that is still connected to my residence. It is not buried very deep (much less than two feet). I was about to hire an electrician to fix hydrant who was going to use a backhoe to excavate the site. I'm glad I didn't do that as they would have hit the gas line. I'm concerned for my safety and the safety of a tenant and other people who help on the farm as well as livestock. Also there have been spills and flow line discharges on the property in close proximity to three reservoirs (Windsor, Elder, and Annex #8). With a high-water table, oil lines going everywhere and City of Thornton starting to build a four foot in diameter water pipeline down ECR 56 there is a very real potential cumulative disastrous impact possibly. The sooner it is addressed the safer and healthier it will for everyone in the area.

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

Prospect Energy

Did you contact the oil and gas company? *

☒ Yes ☐ No

Oil and Gas Company Contact Name

Cameron Gracey

Well or Facility Name

Please provide if known

Krause 2

Well or Facility Number

Please provide if known

API 069-60032

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

☐ Yes ☒ No