



State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

Laura Gross

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: Williams Production RMT Company	Location
Date of Incident: 12/05/11	County: Garfield
Type of Facility (well, tank battery, flow line, pit): Well	Field Name: Trail Ridge
Well Name and Number: Chevron TR 41-32-597	QtrQtr: NENE Section: 32
API Number: 05-045-10654-00	Township: 5 South Range: 97W
Connect to Accident (land owner, royalty owner, etc.): Operator	Meridian: 6th

Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):

Contractor was preparing the separator for steaming by blowing down the unit. The contractor forgot to turn off the burners before blowing down and he also blew down inside the unit. The contractor left the unit with both doors open to let it vent. He returned to the unit to grab gloves he had left inside. Once he returned the gas that had been blown down in the unit reached the burners causing a flash fire. Although the contractor was wearing FRCs, he received first degree burns to his face and a small second degree burn to the back of one ear. The contractor was prescribed antibiotics.

The incident occurred on December 05, 2011 between the time of 12:00 pm and 1:00 pm. Shaun Kellerby with the COGCC was notified by email on December 06, 2011 at 12:59 pm.

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Agency	Contact Person	Response

Accident Tracking No: _____