

**FORM  
22**Rev  
05/13**State of Colorado  
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:  
**06/16/2014**Accident Tracking No.:  
**400631091****ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10071 Contact Name: Dustin Watt  
Name of Operator: BARRETT CORPORATION\* BILL Phone: (303) 656-1838  
Address: 1099 18TH ST STE 2300 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: dwatt@billbarrettcorp.com

**DESCRIPTION OF ACCIDENT**(Please be as specific as possible)

Date of Accident: 06/15/2014 Time of Accident: 23:00 PM  
API Number: 05- Facility ID: 433753 Type of Facility: LOCATION  
Well/Facility Name: Circle B Production Pad Well/Facility Num: 6-66-9  
County: WELD  
Location: QTRQTR: NENW Sec: 9 Twp: 6N Rng: 66W Meridian: 6  
Lat: 40.508050 Long: -104.785300  
Field Name: \_\_\_\_\_ Field Number: \_\_\_\_\_

**DESCRIPTION**

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail::

At approximately 23:00 hrs on 6/15/2014, at the Merritt Circle B 6-66-9 production facility, and flammable vapors accumulated around tanks #11 and #2. Vapors emanating from the pressure relief valve on tank #2 and the thief hatch on #11 ignited. Contractor on location extinguished the fire immediately. Minor damage to tank thief hatch, no injuries or release of liquid occurred. Eaton Fire Department arrived after fire was extinguished and inspected location. Facility is shut in pending investigation.

**OTHER NOTIFICATIONS**

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

Date	Agency	Contact	Response
06/16/2014	Weld County OEM	Roy Rudisill	

**OPERATOR COMMENTS and SUBMITTAL**

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Dustin Watt Email: dwatt@billbarrettcorp.com  
Signature: \_\_\_\_\_ Title: EHS Date: 06/16/2014

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

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**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files