

**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:  
**12/23/2014**Accident Tracking No.:  
**400758241****ACCIDENT REPORT**

As required by Rule 602.b.

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

OGCC Operator Number: 10414 Contact Name: Bryan Bugg  
Name of Operator: CASCADE PETROLEUM LLC Phone: (303) 407-6500  
Address: 1331 17TH STREET #400 Fax: (303) 407-6501  
City: DENVER State: CO Zip: 80202 Email: bbugg@cascaedepetroleum.com

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

Date of Accident: 12/22/2014 Time of Accident: 09:20 AM  
API Number: 05- 073-06669 Facility ID: \_\_\_\_\_ Type of Facility: WELL  
Well/Facility Name: GAEDE Well/Facility Num: A9S-55W-05-85  
County: LINCOLN  
Location: QTRQTR: SESW Sec: 5 Twp: 9S Rng: 55W Meridian: 6  
Lat: 39.288130 Long: -103.578450  
Field Name: WILDCAT Field Number: 99999

**DESCRIPTION**

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

Codell Rig #4, during normal operations, had released a packer and started tripping tubing out of the hole. At 30 joints out of the hole the derrick latch for the upper half released. The derrick scoped together dropping the blocks. The derrick came to rest at half mast. The derrick hand was trapped between the tubing board and the blocks. The driller picked the blocks up to allow the derrick man to get out from between the blocks and tubing board. He was then able to remove his safety harness and the floor hands helped him to the ground. At that point the slips were set on tubing, pipe rams were shut, and the injured person was evaluated for medical treatment. The injured person did not need immediate medical attention and declined ambulance transport, but he and all hands were transported to Hugo Hospital for examination. All hands were given a medical examination at Hugo Hospital, and also a drug test. They were then transported to Limon Hospital for alcohol test.

Initial investigation into the cause of the accident shows that the derrick latch safety pin was not installed.

**OTHER NOTIFICATIONS**

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

Date	Agency	Contact	Response

**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: Bryan Bugg Email: bbugg@cascaedepetroleum.com  
Signature: \_\_\_\_\_ Title: Engineer Date: 12/23/2014

**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