

FORM  
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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:  
06/20/2015

Accident Tracking No.:  
400856477

**ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**

Initial Notice of Accident  Subsequent Notice of Accident

OGCC Operator Number: <u>10273</u>	Contact Name: <u>April Prohaska</u>
Name of Operator: <u>HRM RESOURCES LLC</u>	Phone: <u>(303) 893-6621</u>
Address: <u>410 17TH STREET #1100</u>	Fax: <u>(303) 893-6892</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>aprohaska@hmrres.com</u>

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

Date of Accident: <u>04/26/2015</u>	Time of Accident: <u>5:30 AM</u>
API Number: 05- <u>005-06480</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>REEVES 32-21</u>	Well/Facility Num: <u>4</u>
County: <u>ARAPAHOE</u>	
Location: QTRQTR: <u>SWNE</u> Sec: <u>21</u> Twp: <u>4S</u> Rng: <u>62W</u> Meridian: <u>6</u>	
	Lat: <u>39.689570</u> Long: <u>-104.329310</u>
Field Name: <u>QUILL</u>	Field Number: <u>70895</u>

**DESCRIPTION**

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

Fluid remaining in tanks was hauled to commercial disposal and tanks emptied; tanks, stairs and damaged equipment hauled off. Rainwater and FD water/foam vac'd up and hauled to commercial disposal. Tank battery area was leveled and prepared for new tanks. Three 300 bbl tanks, catwalk and stairs were installed and plumbed in. Disposal pump was hooked up and tested. Location was cleaned up and well returned to injection 6/2/2015.

**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**

Inspection docs #666900266, 673710263 and 673710513.  
Accident Report tracking #400830881, 4/27/2015.

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: April Prohaska Email: aprohaska@hmrres.com  
Signature: \_\_\_\_\_ Title: Production Tech. Date: 06/20/2015

**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