

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:
06/20/2015

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

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

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

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@hrmres.com
Signature: _____ Title: Production Tech. Date: 06/20/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

--	--

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files