

**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:
03/02/2017

Accident Tracking No.:
401224221

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>47120</u>	Contact Name: <u>Lynna Scranton</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6317</u>
Address: <u>P O BOX 173779</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>lynna.scranton@anadarko.com</u>

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: <u>01/20/2017</u>	Time of Accident: _____
API Number: 05- <u>123-41824</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>ADAMSON</u>	Well/Facility Num: <u>35C-28HZ</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>NWSW</u> Sec: <u>21</u> Twp: <u>2N</u> Rng: <u>65W</u> Meridian: <u>6</u>	
	Lat: <u>40.123314</u> Long: <u>-104.674010</u>
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</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):

Well control was lost during workover activities for the Adamson 35C-28HZ well. This was a non-routine operation. Kerr-McGee was working to retrieve a piece of compromised coil tubing that had become stuck in the well. Multiple trips to retrieve the tubing were successfully completed prior to the well becoming under-balanced. Multiple attempts and methods to isolate the flow from the wellbore were unsuccessful. Location was evacuated, emergency response activities commenced and the release was stopped by placing an additional valve on the wellhead.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
01/20/2017	Weld County	Roy Rudisill and team	Notified and updated by email
01/20/2017	Landowner	Landowner	Notified via phone
01/20/2017	COGCC	Matt Lepore and team	Notified via phone and email updates

OPERATOR COMMENTS and SUBMITTAL

Per the Form 22 NOI approved on 2/02/2017 (document # 401195370) a request for a Form 22 SR report detailing overall incident analysis, details and implementation of policies, procedures and training for future incident prevention was a condition of approval. Please see the attached document for root cause analysis and action items to follow. Thank you.

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: Kristina Geno Email: kristina.geno@anadarko.com

Signature: _____ Title: Regulatory Analyst Date: 03/02/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

<u>COA Type</u>	<u>Description</u>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>
401224223	OTHER

Total Attach: 1 Files