

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:
09/21/2017

Accident Tracking No.:
401410267

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 95620 Contact Name: Steven James
Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 893-2438
Address: 1165 DELAWARE STREET #200 Fax: (303) 629-5735
City: DENVER State: CO Zip: 80204 Email: steve@westernoperating.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 09/20/2017 Time of Accident: 12:00 PM
API Number: 05- 061-06002 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: PYLES, BERTHA Well/Facility Num: 2
County: KIOWA
Location: QTRQTR: NESW Sec: 10 Twp: 19S Rng: 45W Meridian: 6
Lat: 38.417110 Long: -102.447970
Field Name: BRANDON Field Number: 7500

DESCRIPTION

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

Treater caught fire and burned down treater house. Fire Department showed up and put out the fire.

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: Steven James Email: steve@westernoperating.com
Signature: _____ Title: President Date: 09/21/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

Provide subsequent Form 22 with detailed root cause analysis of incident. Provide documentation of procedures, policies and training developed to prevent future incidents of this nature

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files