

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

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

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

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
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**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files