

FORM  
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Rev  
06/18

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:

09/04/2018

Accident Tracking No.:

401752822

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident  Subsequent Notice of Accident

OGCC Operator Number: <u>10110</u>	Contact Name: <u>Ben Huggins</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2078</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bhuggins@gwogco.com</u>

ACCIDENT DATE, TIME, and LOCATION (Please be as specific as possible)

Date of Accident: <u>09/01/2018</u>	Time of Accident: <u>0830 AM</u>			
API Number: 05- <u>                    </u>	Facility ID: <u>451100</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>Raindance FD Off-Site Tank Pad</u>	Well/Facility Num: <u>20-202HNX</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>NESE</u>	Sec: <u>30</u>	Twp: <u>6N</u>	Rng: <u>67W</u>	Meridian: <u>6</u>
	Lat: <u>40.455389</u>	Long: <u>-104.927350</u>		
Field Name: <u>                                    </u>	Field Number: <u>                    </u>			

Was there a reportable E & P waste spill or release associated with this accident? Yes  No

If YES, enter the Document Number of the Initial Spill/Release Report, Form 19:                                     

Was there a Grade 1 Gas Leak associated with this accident? Yes  No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report, Form 44:                                     

DESCRIPTION OF ACCIDENT

Number of members of the general public injured: 0

Number of workers injured: 0

Number of general public fatalities: 0

Number of worker fatalities: 0

Type of Accident (check all that apply):

Fire

Explosion

Detonation

Uncontrolled Release

Other Description:

**Detailed Description of Accident:**

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

On September 1, 2018 at approximately 8:30 am an enclosed combustion device (ECD) was ignited at the Raindance facility. The ECD and the facility were immediately shut in and the fire was out in approximately 5-10 minutes. The Fire Department was dispatched but was not required to address the fire. There were no injuries. At this facility Great Western is utilizing a Pioneer Energy Vaporcatcher unit to process and sell natural gas liquids from the condensate tank vapors, thus reducing facility emissions. Great Western, the ECD manufacturer, and Pioneer Energy met at the facility to determine the cause of the incident. It was determined that a low pressure tank, which serves as a liquid knockout for the Vaporcatcher unit, inadvertently allowed hydrocarbon liquid to enter the ECD which was caused by a valve being left open by Pioneer Energy personnel. Pioneer Energy has performed a check of all their units to ensure that these valves are in the closed position. Additionally, Great Western is installing a second liquid knockout at the facility to further ensure that liquids cannot enter the ECD.

**OTHER NOTIFICATIONS**

List all parties and agencies that were notified or responded to the accident. (For example: Local Government Designee, Municipality, County, BLM, EPA, CDOT, Local Emergency Planning Coordinator, etc.)

Date	Agency	Contact	Response
09/01/2018	COGCC	Mike Leonard	
09/01/2018	Weld County	Jason Maxey	

**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: Ben Huggins Email: bhuggins@gwogco.com

Signature: \_\_\_\_\_ Title: EHS Manager Date: 09/04/2018

**CONDITIONS OF APPROVAL, IF ANY:**

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

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Information Systems	Root cause has been addressed in initial report, no subsequent required	09/05/2018

Total: 1 comment(s)

**Attachment Check List**

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

Total Attach: 0 Files