

FORM
22

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:
09/28/2018

Accident Tracking No.:
401777662

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>47120</u>	Contact Name: <u>Greg Hamilton</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(970) 515-1698</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>Gregory.hamilton@anadarko.com</u>

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

Date of Accident: <u>09/25/2018</u>	Time of Accident: <u>02:00 PM</u>
API Number: 05- <u>123-27386</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>FRANK</u>	Well/Facility Num: <u>9-31</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>NESE</u> Sec: <u>31</u> Twp: <u>4N</u> Rng: <u>67W</u> Meridian: <u>6</u>	
	Lat: <u>40.268140</u> Long: <u>-104.925420</u>
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</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.

Farmer struck well head with his tractor and knocked off the 2" outside production casing valve. Gas was released along with ~5 gallons of fluid that misted onto the ground. Well was killed with 60 bbls fresh water with biocide. A workover rig was brought in and rigged up that evening. The following day, tripped out of the hole with tubing, tripped in hole and set a retrieveable bridge plug and changed out wellhead.

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
09/25/2018	Weld County	Roy Rudisill	Notified via email
09/25/2018	COGCC	Peter Gintautas	Notified via phone
09/25/2018	Weld County	Jason Maxey	Notified via email

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: Greg Hamilton Email: Gregory.hamilton@anadarko.com

Signature: _____ Title: Sr. Staff HSE Rep Date: 09/28/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

General Comments

User Group	Comment	Comment Date
Information Systems	No subsequent report needed	09/28/2018

Total: 1 comment(s)

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files