

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

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

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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**

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General Comments**User Group****Comment****Comment Date**

Information Systems	No subsequent report needed	09/28/2018
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Total: 1 comment(s)

Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files