

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:
02/11/2019

Accident Tracking No.:
401935208

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 69175

Contact Name: Phillip Porter

Name of Operator: PDC ENERGY INC

Phone: (970) 313-5525

Address: 1775 SHERMAN STREET - STE 3000

Fax: ()

City: DENVER State: CO Zip: 80203

Email: phillip.porter@pdce.com

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

Date of Accident: 02/08/2019

Time of Accident: _____

API Number: 05- 123-35546

Facility ID: _____

Type of Facility: WELL

Well/Facility Name: Spaur

Well/Facility Num: 31V-404

County: WELD

Location: QTRQTR: NENE

Sec: 31

Twp: 7N

Rng: 63W

Meridian: 6

Lat: 40.533960

Long: -104.471230

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.

A accidental fire was discovere at the Spaur 31V-404 pumping unit. The fire appears to occurred near the belt drive on the pumping unit and self-extngushed. There were no PDC employees that directly observed the fire. There are no injuries and or further damage to report. An internal investigation is currently underway. The exact time the fire occurred is unknown but was discovered that a fire did occur at the facilte the afternoon of Februay 8th.

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
02/08/2019	COGCC	Margaret Ash	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: Phillip Porter

Email: phillip.porter@pdce.com

Signature: _____

Title: Sr. Environmental Rep.

Date: 02/11/2019

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

	Prior to April 13, 2019 provide root cause. Include documentation of policies, procedures and training implemented to prevent future occurances
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Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files

<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		

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