

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:
04/11/2019

Accident Tracking No.:
402003934

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>69175</u>	Contact Name: <u>Erin Dougherty</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(970) 313-5541</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>erin.dougherty@pdce.com</u>

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

Date of Accident: <u>02/08/2019</u>	Time of Accident: <u>6:00 AM</u>
API Number: 05- <u>123-35546</u>	Facility ID: _____
Well/Facility Name: <u>Spaur</u>	Type of Facility: <u>WELL</u>
County: <u>WELD</u>	Well/Facility Num: <u>31V-404</u>
Location: QTRQTR: <u>NENE</u>	Sec: <u>31</u> Twp: <u>7N</u> Rng: <u>63W</u> Meridian: <u>6</u>
	Lat: <u>40.533960</u> Long: <u>-104.471230</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.

On Friday February 8th, 2019 at approximately 6:00am a belt on a Caprock Pumping Unit at the Spaur 31V-404 wellhead presumably caught fire, causing minimal damage to equipment and self-extinguished within minutes. A PDC employee arrived on location at approximately 1:10pm to do his daily equipment inspection and noticed the pumping unit had black residue on the belt guard and there was a pile of shredded rubber directly underneath where the belt should have been. Upon initial investigation he was able to determine that the belt had caught fire. He immediately reported the incident to his Supervisor and EHS.

Root Cause: An investigation of the incident revealed that the belt was slightly worn causing it to slip from its track. The friction of the belt continuing to move off of its designated track caused it to self-ignite.

PDC Energy requires employees to inspect equipment and belts daily per the "Pumping Unit Maintenance" SOP. On January 31st the employee inspecting equipment noticed slight wear on the belt and placed a work order to have a new belt ordered and replaced. There was no reason to believe that the belt would not last until the work order could be fulfilled as the wear was not significant (only slight fraying to the edges) so the equipment was not shut down. The belt was inspected daily between Jan. 31 and Feb. 7 to ensure no change in condition had occurred and as required by the SOP. The last inspection before the incident occurred at approximately 2:00pm on February 7th. No change in belt wear was noted and the belt was running properly on its track.

PDC believes that this was an isolated equipment malfunction incident and does not require an update to policies or procedures.

Corrective actions: PDC Energy Production Leadership discussed with each area the importance of recognizing stages of belt wear. Should an employee find a belt that is more significantly worn the equipment will be shut down until the belt can be replaced. Daily inspections of all belts will remain in effect.

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

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: Erin Dougherty Email: erin.dougherty@pdce.com
 Signature: _____ Title: Safety Representative Date: 04/11/2019

CONDITIONS OF APPROVAL, IF ANY:

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402003949	OTHER

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

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