

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:  
11/15/2019

Accident Tracking No.:  
402240802

**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>09/21/2019</u>	Time of Accident: <u>11:30 AM</u>			
API Number: <u>05-</u>	Facility ID: <u>310839</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>NELSON-65N67W</u>	Well/Facility Num: <u>34NESW</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>NESW</u>	Sec: <u>34</u>	Twp: <u>5N</u>	Rng: <u>67W</u>	Meridian: <u>6</u>
	Lat: <u>40.355690</u>		Long: <u>-104.883580</u>	
Field Name: <u>JOHNSTOWN</u>	Field Number: <u>42600</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 Saturday, September 21st a small fire occurred on a CSI Compressco compressor at the Nelson facility. A PDC Energy employee, who was on location completing daily tasks, noticed a small candle sized flame coming from the compressor. He immediately went to his truck to get his fire extinguisher and extinguished the fire. CSI Compressco was then notified of the incident and arrived within an hour to begin their investigation. Damage was minimal and there were no injuries.

PDC Energy required CSI Compressco to conduct a formal root cause analysis (RCA) of the incident. PDC has received and reviewed all follow up documentation and believes CSI Compressco has sufficiently addressed equipment configuration issues to prevent future occurrences of this nature. Below are the details of their report.

The following was pulled directly from the CSI Compressco Incident Report and email communications relating to the incident.

Upon arrival at the unit the CSI Compressco technician found that the starter was not adequately secured and was likely the reason for the ignition. Once the starter was replaced the unit was started and there were no gas leaks present. The only potential for combustion that was discovered was a small amount of oil near the starter. The loose starter was removed and replaced with a new starter ensuring proper tightening upon installation.

CSI Compressco will continue 45-day preventative maintenance checks on all equipment ensuring starter connection is checked. A safety stand down was held to discuss the incident with CSI Compressco technicians.

**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
09/21/2019	Weld County	Roy Rudisill	By email
09/21/2019	Weld County	Jason Maxey	By email
09/21/2019	COGCC	Mike Leonard	By email
09/21/2019	COGCC	Margaret Ash	By 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: Erin Dougherty Email: erin.dougherty@pdce.com  
 Signature: \_\_\_\_\_ Title: Safety Representative Date: 11/15/2019

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

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**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files

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**General Comments**

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

Total: 0 comment(s)

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