

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:
01/20/2020

Accident Tracking No.:
402289552

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10110 Contact Name: Ben Huggins
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (720) 595-2078
Address: 1001 17TH STREET #2000 Fax: ()
City: DENVER State: CO Zip: 80202 Email: bhuggins@gwogco.com

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

Date of Accident: 01/17/2020 Time of Accident: 12:57 PM
API Number: 05- Facility ID: 310848 Type of Facility: LOCATION
Well/Facility Name: GREAT WESTERN STROH Well/Facility Num: 12-22
County: WELD
Location: QTRQTR: SWNW Sec: 22 Twp: 4N Rng: 67W Meridian: 6
Lat: 40.300060 Long: -104.883790
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.

On January 17, 2020 the sales compressor at the facility was undergoing maintenance. Shortly after maintenance was completed and the facility was being brought back online, at approximately 12:57 pm, the unit caught fire due to equipment malfunction. It was extinguished at approximately 1:15 pm and was limited to just the compressor. There were no injuries. The unit will be removed from the facility.

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
01/17/2020	COGCC	Mike Leonard	
01/17/2020	Weld County	Jason Maxey	

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: Ben Huggins

Email: bhuggins@gwogco.com

Signature: _____

Title: EHS Director

Date: 01/20/2020

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

	Prior to MArch 21, 2020 provide root cause. Include documentation of policies, procedures, practices and training implemented to prevent future occurrences
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Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 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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