

FORM
22
Rev
01/20

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:
03/20/2020

Accident Tracking No.:
402348141

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

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

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

Date of Accident: <u>01/17/2020</u>	Time of Accident: <u>12:57 PM</u>			
API Number: <u>05-</u>	Facility ID: <u>310848</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>GREAT WESTERN STROH</u>	Well/Facility Num: <u>12-22</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>SWNW</u>	Sec: <u>22</u>	Twp: <u>4N</u>	Rng: <u>67W</u>	Meridian: <u>6</u>
	Lat: <u>40.300060</u>	Long: <u>-104.883790</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 Spill/Release Report, Form 19: _____

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 a mechanic was on location cleaning condensate and paraffin from the unit. However, it appears that some remained following cleaning and once the mechanic left and the unit was restarted and warmed up, the condensate flashed causing the fire. This unit has been removed from operations, however for similar units the maintenance company has revised their SOP and training to ensure that no condensate remains following draining and cleaning and that the mechanic remains on location following startup to ensure proper operation.

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

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: Ben Huggins Email: bhuggins@gwogco.com
 Signature: _____ Title: EHS Director Date: 03/20/2020

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

Attachment Check List

Att Doc Num	Name

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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