

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: 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 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**

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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: 03/20/2020

**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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