

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:  
10/12/2020

Accident Tracking No.:  
402508043

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 69175 Contact Name: Erin Dougherty  
Name of Operator: PDC ENERGY INC Phone: (720) 688-0414  
Address: 1775 SHERMAN STREET - STE 3000 Fax: ( )  
City: DENVER State: CO Zip: 80203 Email: erin.dougherty@pdce.com

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

Date of Accident: 10/09/2020 Time of Accident: 8:30 AM  
API Number: 05- Facility ID: 429947 Type of Facility: LOCATION  
Well/Facility Name: Simonsen Well/Facility Num: NWNW-12 Pad  
County: WELD  
Location: QTRQTR: NWNW Sec: 12 Twp: 6N Rng: 67W Meridian: 6  
Lat: 40.508390 Long: -104.849630  
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.

An accidental fire occurred at the Simonsen 12E-223; 12J-243; 1I-421; 1L-241 pad (Simonsen #4) on October 9, 2020. A Compressco mechanic discovered the fire at a Compressco GasJack around 8:30 am and extinguished the fire by eliminating the fuel source. A gasket blew on the GasJack which created a small fuel leak. There were no injuries to any personnel and only minor damage to the compressor. The fire department was not called. Further investigation is underway.

**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
10/09/2020	COGCC/State	Mike Leonard	By email from Meredith Knauf
10/09/2020	Weld County	Dave Burns	By email from Meredith Knauf
10/09/2020	Weld County	Roy Rudisill	By email from Meredith Knauf
10/09/2020	Weld County	Jason Maxey	By email from Meredith Knauf

**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: Erin Dougherty

Email: erin.dougherty@pdce.com

Signature: \_\_\_\_\_

Title: Safety Representative

Date: 10/12/2020

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

	Prior to December 12, 2020 submit Subsequent Accident Report Form 22 describing 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

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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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