

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:  
01/12/2021

Accident Tracking No.:  
402572614

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 47120 Contact Name: Lynna Scranton  
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6317  
Address: P O BOX 173779 Fax: ( )  
City: DENVER State: CO Zip: 80217-3779 Email: lynna\_scranton@oxy.com

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

Date of Accident: 01/11/2021 Time of Accident: 10:30 AM  
API Number: 05- Facility ID:  Type of Facility: WELL  
Well/Facility Name: HSR-SEKICH FARMS Well/Facility Num: 4-20  
County: WELD  
Location: QTRQTR: NWNW Sec: 20 Twp: 3N Rng: 67W Meridian: 6  
Lat: 40.217220 Long: -104.921010  
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: 402572641

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.

While pressuring up well flowline to perform a flowline pressure test, flowline ruptured subsurface next to ECD (west side) and released gas to the ground surface. Gas from ruptured flowline entered the lit ECD and caused a fire to happen outside of the ECD. Two operators were on the job, one at the wellhead and the other near the separator inlet header. Neither were injured in the event. The operator at the WH quickly shut in the source of flowline pressure and fire went out. Event caused damage to ECD and nearby barbed wire wooden fence posts.

**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

**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: Lynna Scranton

Email: lynna\_scranton@oxy.com

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

Title: HSE Manager

Date: 01/12/2021

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

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**Attachment List****Att Doc Num****Name**

402572634

PHOTOS

Total Attach: 1 Files

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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Field Operations	Follow up to the flowline failure should be made through the From 44 process	01/13/2021

Total: 1 comment(s)

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