

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:
12/06/2021

Accident Tracking No.:
402888569

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>46290</u>	Contact Name: <u>Jeff Rickard</u>
Name of Operator: <u>KP KAUFFMAN COMPANY INC</u>	Phone: <u>(303) 8254822</u>
Address: <u>1675 BROADWAY, STE 2800</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jrickard@kpk.com</u>

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

Date of Accident: <u>11/30/2021</u>	Time of Accident: <u>6:20 PM</u>
API Number: 05- <u>123-23789</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>ANDERSON</u>	Well/Facility Num: <u>13-32</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWSW</u> Sec: <u>32</u> Twp: <u>4N</u> Rng: <u>67W</u> Meridian: <u>6</u>	
	Lat: <u>40.264330</u> Long: <u>-104.920420</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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
If YES, enter the Document Number of the Initial Spill/Release Report, Form 19:	<u>402883564</u>
Was there a Grade 1 Gas Leak associated with this accident ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If YES, enter the Document Number of the Initial Spill/Release Report, Form 44:	<u>402883564</u>

DESCRIPTION OF ACCIDENT

Number of members of the general public injured: <u>0</u>
Number of workers injured: <u>0</u>
Number of general public fatalities: <u>0</u>
Number of worker fatalities: <u>0</u>

Type of Accident (check all that apply):

<input type="checkbox"/> Fire
<input type="checkbox"/> Explosion
<input type="checkbox"/> Detonation
<input type="checkbox"/> Uncontrolled Release
<input type="checkbox"/> Vandalism
<input type="checkbox"/> Terrorism
<input type="checkbox"/> Hazardous Chemical
<input checked="" type="checkbox"/> Other Description: <u>Farm Equipment (tractor) struck wellhead.</u>

Firefighting Foam or Chemical Use

Were firefighting foams/chemicals utilized? No

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

Detailed Description of Accident:

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

Farmer hit wellhead with tractor causing a mist to the southwest off the wellhead. Spill was controlled and stopped by approx. 6:45, 25 minutes after tractor struck wellhead and notified KPK. KPK personnel was able to stop the misting upon showing up on location. No emergency services were called or dispatched to the location.

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
11/30/2021	Weld County OEM	Website Submission	

OPERATOR COMMENTS and SUBMITTAL

Spill Report Doc# 402883564

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: Jeff Rickard Email: jrickard@kpk.com

Signature: _____ Title: Regulatory Date: 12/06/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

	<p>Prior to December 31, 2021 provide the following:</p> <ol style="list-style-type: none"> 1) Detailed description of what portions of the wellhead were damaged and how well control was re-established. 2) What actions have been of will be taken to permanently correct damage. 3) Narrative as to why incident was not reported to COGCC within 6 hours as required by Rule 602 h 4) Narrative as to why incident was not reported via Form 22 within 3 days as required as required by Rule 602 h 5) Documentation of policies, procedure and training implemented to ensure reporting is performed in a manner complaint with Rule.
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1 COA

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Attachment List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)
