

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:
01/07/2022

Accident Tracking No.:
402920472

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10456 Contact Name: Blair Rollins
Name of Operator: CAERUS PICEANCE LLC Phone: (970) 285-2925
Address: 1001 17TH STREET #1600 Fax: (970) 640-6919
City: DENVER State: CO Zip: 80202 Email: brollins@caerusoilandgas.com

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

Date of Accident: 01/05/2022 Time of Accident: 5:00 PM
API Number: 05- Facility ID: 334996 Type of Facility: LOCATION
Well/Facility Name: SAVAGE-67S95W Well/Facility Num: 20SESE
County: GARFIELD
Location: QTRQTR: SESE Sec: 20 Twp: 7S Rng: 95W Meridian: 6
Lat: 39.418670 Long: -108.013290
Field Name: PARACHUTE Field Number: 67350

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 44: _____

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
☐ Vandalism
☐ Terrorism
☐ Hazardous Chemical
☐ Other Description: _____

Firefighting Foam or Chemical UseWere 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.

Caerus was notified by a nearby landowner of a fire on the PP20 location. Production personnel arrived on location to find the middle unit of the 5-pack separator on fire. The production personnel shut in all wells and blew down the associated pipelines, which extinguished the fire. The incident is under investigation to determine the source of ignition within the separator unit.

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 |
|------------|-----------------|----------------|--|
| 01/06/2022 | Garfield County | Kirby Wynn | Follow up with Form 22 |
| 01/06/2022 | COGCC | Corey De Paolo | Visited onsite during routine inspection. Requested follow up with Form 22 |
| 01/05/2022 | COGCC | Mike Leonard | Follow up with Form 22 |

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: Blair RollinsEmail: brollins@caerusoilandgas.com

Signature: _____

Title: EHS SpecialistDate: 01/07/2022**CONDITIONS OF APPROVAL, IF ANY:****Condition of Approval****COA Type****Description**

| | |
|-------|--|
| | Prior to February 10, 2022 provide subsequent Form 22 with root cause. Also provide documentation of policies, practices procedures and training implemented to prevent future occurrences |
| 1 COA | |

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General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

Attachment List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|--------------------|
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Total Attach: 0 Files