

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:
01/19/2023

Accident Tracking No.:
403295134

ACCIDENT REPORT

As required by Rule 602.f.

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: 12/04/2022 Time of Accident: 2:00 AM
API Number: 05- Facility ID: 432763 Type of Facility: LOCATION
Well/Facility Name: O Investment Properties Well/Facility Num: 6Y-HZ Pad
County: WELD
Location: QTRQTR: SESE Sec: 6 Twp: 6N Rng: 65W Meridian: 6
Lat: 40.511090 Long: -104.697920
Field Name: EATON Field Number: 19350

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 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.

On December 4th a small accidental fire occurred on a CSI Compressco (CSI) gas lift engine at the O Investment Properties production facility at approximately 2:00am. The equipment was found later that morning when the PDC pumper arrived on location. The fire had extinguished itself prior to being found by the PDC employee.

PDC Energy required CSI Compressco to provide an incident report that included root cause. PDC has received and reviewed all follow up documentation and believes CSI has sufficiently addressed equipment configuration and procedural issues necessary to prevent future occurrences of this nature. Below are the details of their report.

The following was pulled directly from the CSI Incident Report and subsequent email communications relating to the incident.

Root Cause:

During this investigation, CSI discovered that this fire was caused by a failed fuel gas supply hose that was installed between the ounce regulator and the Woodward L-series (AFR Control) on the engine carburetor. This hose was an older design, which was not thoroughly inspected during the previous PM and should have been replaced with our newer stainless steel braided bellows design.

Corrective Action:

- 1) Thoroughly inspect all hoses, especially fuel and process gas supply lines.
- 2) Only use proper replacement fuel gas supply hoses designed for GasJack units consisting of one (1) of the three (3) length options, all being steel braided SS core hose design.
- 3) Ensure proper hose installation is followed, not in a bind, tight bend, or kinked.
- 4) Ensure to always use proper gas sniffing equipment to double check there are no gas leaks present after PM and after any / all repairs are made.

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
12/05/2022	COGCC	Mike Leonard	By email
12/05/2022	Weld County	Dave Burns, Jason Maxey	By email

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: Erin Dougherty

Email: erin.dougherty@pdce.com

Signature: _____

Title: Safety Representative

Date: 01/19/2023

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

0 COA

Attachment List

Att Doc Num

Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)
