

FORM  
22  
Rev  
05/13

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:  
**03/08/2014**

Accident Tracking No.:  
**400568430**

**ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**

Initial Notice of Well Control Event

OGCC Operator Number: <u>10071</u>	Contact Name: <u>Mary Pobuda</u>
Name of Operator: <u>BARRETT CORPORATION* BILL</u>	Phone: <u>(303) 3128511</u>
Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>(303) 2910420</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mpobuba@billbarrettcorp.com</u>

**DISCRIPTION OF ACCIDENT** (Please be as specific as possible)

Date of Accident: <u>03/03/2014</u>	Time of Accident: <u>11:26 PM</u>			
API Number: <u>05-</u>	Facility ID: <u>433626</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>Merritt</u>	Well/Facility Num: <u>6-66-9</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>NWNE</u>	Sec: <u>9</u>	Twp: <u>6N</u>	Rng: <u>66W</u>	Meridian: <u>6</u>
	Lat: <u>40.509320</u>		Long: <u>-104.781190</u>	
Field Name: <u>test</u>	Field Number: <u>1</u>			

**DESCRIPTION**

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail::

On 3-3-14 at approximately 23:26 hours, a fire occurred on the 6-66-9 pad from gas released during flowback. Eaton Fire department was dispatched to extinguish the fire. No injuries or spill of hydrocarbons occurred during this event. Root cause of the fire is under investigation.

**OTHER NOTIFICATIONS**

List the parties and agencies notified (LDG, County, BLM EPA, DOT, Local Emergency Planning Coordinator or others)

Date	Agency	Contact	Response
03/04/2014	COGCC	margaret.ash@state.co.us	(Operator has submit the Form 22 notice by hardcopy with proper initial notices provided. This Notice is being entered into the new eForm Form 22 as an internal system test. If you receive this notice by email please contact Stuart Ellsworth by phone at O:303-894-2100x5108/C:330-489-2977 or email: stuart.ellsworth@state.co.us).
03/04/2014	COGCC	james.precup@state.co.us	(Operator has submit the Form 22 notice by hardcopy with proper initial notices provided. This Notice is being entered into the new eForm Form 22 as an internal system test. If you receive this notice by email please contact Stuart Ellsworth by phone at O:303-894-2100x5108/C:330-489-2977 or email: stuart.ellsworth@state.co.us).

03/04/2014	BBC	dwatt@billbarrettcorp.com	(Operator has submit the Form 22 notice by hardcopy with proper initial notices provided. This Notice is being entered into the new eForm Form 22 as an internal system test. If you receive this notice by email please contact Stuart Ellsworth by phone at O:303-894-2100x5108/C:330-489-2977 or email: stuart.ellsworth@state.co.us).
03/04/2014	COGCC	diana.burn@state.co.us	(Operator has submit the Form 22 notice by hardcopy with proper initial notices provided. This Notice is being entered into the new eForm Form 22 as an internal system test. If you receive this notice by email please contact Stuart Ellsworth by phone at O:303-894-2100x5108/C:330-489-2977 or email: stuart.ellsworth@state.co.us).

**OPERATOR COMMENTS and SUBMITTAL**

(Operator has submit the Form 22 notice by hardcopy with proper initial notices provided. This Notice is being entered into the new eForm Form 22 as an internal system test. If you receive this notice by email please contact Stuart Ellsworth by phone at O:303-894-2100x5108/C:330-489-2977 or email: stuart.ellsworth@state.co.us).

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: Mary Pobuda Email: mpobuba@billbarrettcorp.com

Signature: \_\_\_\_\_ Title: Permit Analysis Date: 03/08/2014

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

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**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

400568430	FORM 22 SUBMITTED
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Total Attach: 1 Files