

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:
04/25/2014

Accident Tracking No.:
400596478

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10071 Contact Name: Dustin Watt
Name of Operator: BARRETT CORPORATION* BILL Phone: (970) 353-1838
Address: 1099 18TH ST STE 2300 Fax: (970) 353-0691
City: DENVER State: CO Zip: 80202 Email: dwatt@billbarrettcorp.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 04/24/2014 Time of Accident: 9:30 PM
API Number: 05- Facility ID: 434077 Type of Facility: LOCATION
Well/Facility Name: 70 Ranch Pad 2 Well/Facility Num: 4-63-3
County: WELD
Location: QTRQTR: NWSW Sec: 3 Twp: 4N Rng: 63W Meridian: 6
Lat: 40.339470 Long: -104.432790
Field Name: _____ Field Number: _____

DESCRIPTION

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

Accumulated vapors ignited causing a minor fire, Platte Valley Fire Department was dispatched and extinguished the flame. No injuries or spills occurred.

OTHER NOTIFICATIONS

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

| Date | Agency | Contact | Response |
|------------|-----------------|--------------|----------|
| 04/25/2014 | Weld County OEM | Roy Rudisill | Pending |

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: Dustin Watt Email: dwatt@billbarrettcorp.com
Signature: _____ Title: EHS Specialist Date: 04/25/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|--|--|
| | |
|--|--|

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

| | |
|--|--|
| | |
|--|--|

Total Attach: 0 Files