

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

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

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

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**

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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**

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Total Attach: 0 Files