

FORM  
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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:  
04/30/2014

Accident Tracking No.:  
400600166

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>69175</u>	Contact Name: <u>Jason Thron</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(970) 506-9272</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>(970) 506-9276</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>Jason.Thron@pdce.com</u>

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: <u>04/17/2014</u>	Time of Accident: <u>1:30 PM</u>
API Number: 05- <u>123-37363</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>LaSalle</u>	Well/Facility Num: <u>25G-402</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWNW</u> Sec: <u>25</u> Twp: <u>5N</u> Rng: <u>65W</u> Meridian: <u>6</u>	
	Lat: <u>40.373550</u> Long: <u>-104.620170</u>
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</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 April 17th, 2014 at approximately 1:30 pm a Wells Contracting employee was using a road grader to level out the location after wells were turned on to production. The road grader blade struck a sand trap blowout line on the La Salle 25G-402, pulling the line out of the casing valves. The separated line blew for approximately 15 minutes losing pressure over time until PDC personell resopnding from a nearby location were able to shut the valve stopping the flow. This was mainly a gas release with some misting downwind of the wellhead. Once the flow was stopped, responding construction personell began clean up and repair. Soil samples were collected on April 18th, 2014 and the analytical data summary and site sample locations are detailed in the two attachments

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response

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: Jason Thron Email: Jason.Thron@pdce.com  
Signature: \_\_\_\_\_ Title: EHS Professional Date: 05/01/2014

**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