

**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:
04/30/2014Accident Tracking No.:
400600166**ACCIDENT REPORT**

As required by Rule 602.b.

CONTACT INFORMATION☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

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

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 04/17/2014 Time of Accident: 1:30 PM
API Number: 05- 123-37363 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: LaSalle Well/Facility Num: 25G-402
County: WELD
Location: QTRQTR: SWNW Sec: 25 Twp: 5N Rng: 65W Meridian: 6
Lat: 40.373550 Long: -104.620170
Field Name: WATTENBERG Field Number: 90750

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 dertailed 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