

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:
08/12/2015

Accident Tracking No.:
400883671

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10456 Contact Name: Jake Janicek
Name of Operator: CAERUS PICEANCE LLC Phone: (970) 285-9606
Address: 600 17TH STREET #1600N Fax: (970) 285-9619
City: DENVER State: CO Zip: 80202 Email: jjanicek@caerusoilandgas.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 08/04/2015 Time of Accident: 1:30 AM
API Number: 05- Facility ID: 414152 Type of Facility: LOCATION
Well/Facility Name: Rulison Well/Facility Num: 17M Pad
County: GARFIELD
Location: QTRQTR: SWSW Sec: 17 Twp: 7S Rng: 94W Meridian: 6
Lat: 39.433462 Long: -107.917815
Field Name: RULISON Field Number: 75400

DESCRIPTION

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

About 1:30 AM on the morning of August 4, 2015, the southeastern-most tank in the 17M tank battery was struck by lightning. The lid and other piping/fittings associated with this tank detached from the tank. Noone was injured and no environmental release occurred. The wells associated with this tank battery shut-in automatically when the lightning also damaged the production automation equipment.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
08/11/2015	COGCC	Carlos Lujan	None

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: Jake Janicek Email: jjanicek@caerusoilandgas.com
Signature: _____ Title: EHS Professional Date: 08/12/2015

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