

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:
06/17/2014

Accident Tracking No.:
400627771

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☐ Initial Notice of Accident ☒ Subsequent Notice of Accident

OGCC Operator Number: 16700 Contact Name: Ross Alire
Name of Operator: CHEVRON PRODUCTION COMPANY Phone: (970) 629 3720
Address: 100 CHEVRON RD Fax: (970) 675 3800
City: RANGELY State: CO Zip: 81648 Email: vali@chevron.com

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 06/09/2014 Time of Accident: 0625 AM
API Number: 05- 103-08852 Facility ID: _____ Type of Facility: GAS PROCESSING PLANT
Well/Facility Name: U P R R Well/Facility Num: 129 X 31
County: RIO BLANCO
Location: QTRQTR: SENE Sec: 31 Twp: 2N Rng: 102W Meridian: 6
Lat: 40.099592 Long: -108.876682
Field Name: RANGELY Field Number: 72370

DESCRIPTION

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

At Approximately 0630 AM 6-9-14 a Chevron Plant Operator was draining Bridle /Float Column on Train 1 Chiller Bridle. Refrigerant Propane contacted the skin on his right hand and a spot below the left knee causing Cold Burn to his Right Hand. Chevron RCA to be conducted June 24 at Rangely.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
06/16/2014	COGCC	Shaun Kellerby	Sent Email
10/21/2014	OSHA	800 Number	Contractor Notified OSHA
10/22/2014	BLM	Julie King	

OPERATOR COMMENTS and SUBMITTAL

We had a first Aid Cold burn last Monday 6-9-14 and had Axiom medical working with IP. Saturday on 6-14-14 Axiom referred the IP to Basin medical Clinic for a second opinion and Blisters were drained and skin was removed changing this to a OSHA Recordable incident upon receiving medical details on the treatment this morning. We will send the Form 22 to you tomorrow.

Here is the initial Chevron IMS report from last Monday:

At Approximately 0630 AM 6-9-14 a Chevron Plant Operator was draining Bridle /Float Column on Train 1 Chiller Bridle. Refrigerant Propane contacted the skin on his right hand and a spot below the left knee causing Cold Burn to his Right Hand.

Call me if you have any questions
Thanks
RV Alire

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: Ross Alire

Email: vali@chevron.com

Signature: _____

Title: HES Specialist

Date: 06/17/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

<u>COA Type</u>	<u>Description</u>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

400627771	ACCIDENT REPORT
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Total Attach: 1 Files