

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:
03/30/2016

Accident Tracking No.:
401017696

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10311</u>	Contact Name: <u>Erin Ekblad</u>
Name of Operator: <u>SYNERGY RESOURCES CORPORATION</u>	Phone: <u>(720) 616.4319</u>
Address: <u>20203 HIGHWAY 60</u>	Fax: <u>(720) 616.4301</u>
City: <u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>	Email: <u>eekblad@syrginfo.com</u>

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: <u>03/22/2016</u>	Time of Accident: <u>9:45 PM</u>
API Number: <u>05-</u>	Facility ID: <u>435175</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>Weld 152</u>	Well/Facility Num: <u>31-10CHZ</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SENW</u> Sec: <u>10</u> Twp: <u>6N</u> Rng: <u>67W</u> Meridian: <u>6</u>	
	Lat: <u>40.502119</u> Long: <u>-104.884047</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 the 03.22.2016 at approximately 9:45 pm a compressor fire was discovered by a Fuller Field Service employee enroute to restart the compressor. The Windsor Fire Department was notified and responded to the fire. The fire was quickly contained and extinguished. There were no injuries and the damage was limited to the rental compressor unit. While the incident is still under investigation, it is believed that an oil lube line was spraying oil onto the exhaust and started the fire.

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

Synergy did not sustain any damage. The damage was contained and limited to the compressor which is leased from Archrock.

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: Erin Ekblad Email: eekblad@syrginfo.com
Signature: _____ Title: Manager Regulatory Affair Date: 03/30/2016

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