

FORM
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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:
06/02/2016

Accident Tracking No.:
401057641

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>Zack Liesenfeld</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(970) 506.9273</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>Zack.Liesenfeld@pdce.com</u>

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: <u>05/26/2016</u>	Time of Accident: <u>3:30 PM</u>
API Number: <u>05-</u>	Facility ID: <u>439778</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>Wiedeman</u>	Well/Facility Num: <u>4N66W28F</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>NWNW</u> Sec: <u>28</u> Twp: <u>4N</u> Rng: <u>66W</u> Meridian: <u>6</u>	
	Lat: <u>40.286760</u> Long: <u>-104.791050</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)::

At about 3:30 pm on May 26th 2016 a bad storm moved in with a lot of lightning. A bolt of lightning struck secondary produced water tank 1 on pad 2. The lid blew off and a small amount of smoke came out of tank but no fire was produced. The lid landed about 200' away from the tank. Once it was safe to do so, the wells connected to this battery were shut in. No liquid was released or personnel injured during the incident.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
05/27/2016	COGCC	Margaret Ash	Via Email
05/27/2016	Land owner	NA	Via phone call.

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: Zack Liesenfeld Email: Zack.Liesenfeld@pdce.com
Signature: _____ Title: EHS Professional Date: 06/02/2016

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