

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:  
10/04/2016

Accident Tracking No.:  
401123641

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: ( )  
City: DENVER State: CO Zip: 80203 Email: jason.thron@pdce.com

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 09/27/2016 Time of Accident: 09:45 AM  
API Number: 05- 123-42327 Facility ID: Type of Facility: WELL  
Well/Facility Name: Spaur Well/Facility Num:10L-241  
County: WELD  
Location: QTRQTR: SESW Sec: 10 Twp: 4N Rng: 67W Meridian: 6  
Lat: 40.320410 Long: -104.880850  
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 September 27th PDC Energy Employees were working with the assistance of contractor employees to repair a pipe fitting on the separator for the Spaur 10L-241. A flash fire occurred near the dump valves of the separator during this task and a PDC Energy employee required treatment for burns to his hands and face. In addition, the separator dump valve area sustained damage as a result of the fire (the separator will need to be replaced). Front Range Fire and Resucue assisted with eliminating the fire and it was contained to the single separator. PDC Energy enlisted the assistance of a professional fire investigator to identify the source of the fire/ignition and those results are pending. There was no environmental release associated with 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

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 Supervisor Date: 10/04/2016

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	PDC shall submit root analysis of event in subsequent Form 22. Include all policies, procedures and training developed to prevent future occurrences
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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