

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:  
11/03/2016

Accident Tracking No.:  
401142202

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 46290 Contact Name: Susana Lara-Mesa  
Name of Operator: K P KAUFFMAN COMPANY INC Phone: (303) 825-4822  
Address: 1675 BROADWAY, STE 2800 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: slaramesa@kpk.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 11/02/2016 Time of Accident: 10:20 AM  
API Number: 05- Facility ID: 437627 Type of Facility: TANK BATTERY  
Well/Facility Name: Consolidation Unit # 8 Well/Facility Num: 437627  
County: WELD  
Location: QTRQTR: SWSW Sec: 1 Twp: 1N Rng: 67W Meridian: 6  
Lat: 40.081300 Long: -104.848370  
Field Name: SPINDLE Field Number: 77900

DESCRIPTION

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

The treater at the facility flooded and sent liquids to the upset control units, which caused the fluid to ignite. The pumper arrived on location within minutes and shut off the fuel supply line. The pumper was the first person on location.

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: Susana Lara-Mesa Email: slaramesa@kpk.com  
Signature: \_\_\_\_\_ Title: VP Engineering Date: 11/03/2016

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	Provide root cause analysis. Provide documentation of procedures, polices and training implemented to prevent future occurances.
--	--

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

--	--

Total Attach: 0 Files