

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:
12/14/2016

Accident Tracking No.:
401166992

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

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

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

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

This accident was a result of an unforeseeable equipment failure, not something related to personnel and not something that could have been prevented. The Kimray controlling the dump line going to the tanks failed and sent liquid to the ECD after flooding the separator.

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: 12/14/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files