

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: 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::

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