

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:
01/26/2017

Accident Tracking No.:
401195370

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 47120 Contact Name: Michael Dinkel
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6368
Address: P O BOX 173779 Fax: ()
City: DENVER State: CO Zip: 80217-3779 Email: mike.dinkel@anadarko.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 01/20/2017 Time of Accident: _____
API Number: 05- 123-41824 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: ADAMSON Well/Facility Num: 35C-28HZ
County: WELD
Location: QTRQTR: NWSW Sec: 21 Twp: 2N Rng: 65W Meridian: 6
Lat: 40.123314 Long: -104.674010
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::

Well control was lost during workover activities for the Adamson 35C-28HZ well. No injuries or property damage were associated with this event. Oil, gas and produced water released from the wellhead and misted onto ground surface and CR41. Emergency response activities commenced and the release was stopped by placing an additional valve on the wellhead. Assessment and cleanup activities are ongoing at the site.

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: Kristina Geno Email: kristina.geno@anadarko.com
Signature: _____ Title: Regulatory Analyst Date: 01/26/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Within thirty (30) days provide Form 22 Subsequent Notice of Accident. Include detailed overall analysis of incident. Include root cause analysis, details and implementation of policies, procedures, training to prevent future incidents of this nature.
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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