

**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:
02/24/2017Accident Tracking No.:
401218653**ACCIDENT REPORT**

As required by Rule 602.b.

CONTACT INFORMATION☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10071 Contact Name: Dustin Watt
Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 6561838
Address: 1099 18TH ST STE 2300 Fax: (970) 3530691
City: DENVER State: CO Zip: 80202 Email: dwatt@billbarrettcorp.com

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 02/23/2017 Time of Accident: 08:05 PM
API Number: 05- Facility ID: 444717 Type of Facility: LOCATION
Well/Facility Name: Anschutz Equus Farms Well/Facility Num: 4-62-20_21
County: WELD
Location: QTRQTR: SWNW Sec: 20 Twp: 4N Rng: 62W Meridian: 6
Lat: 40.299603 Long: -104.356372
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::

A fire at Anschutz Equus Farm 4-62-20_21 SWNW production facility compressor unit occurred at approximately 8:05 pm on 2/23/2017. Causal factors of fire are currently under investigation. Personnel on location at time of incident heard a loud pop, then saw the compressor building become engulfed in flames. Platte Valley Fire Protection District responded and extinguished the fire. No injuries or loss of liquid hydrocarbons occurred due to this fire. There is significant damage to the compressor, compressor building, and equipment within compressor building.

OTHER NOTIFICATIONS

List the parties and agencies notified (LDG, County, BLM EPA, DOT, Local Emergency Planning Coordinator or others)

| Date | Agency | Contact | Response |
|------------|-----------------|--------------|-------------------|
| 02/23/2017 | Weld County OEM | Roy Rudisill | Notification only |

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: Dustin Watt Email: dwatt@billbarrettcorp.com
Signature: _____ Title: EHS Specialist Date: 02/24/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|--|---|
| | With subsequent Accident Report Form 22 provide root cause analysis. Include procedures, policies and training revelant to incident that would prevent future occurances. |
|--|---|

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files