

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:  
02/24/2017

Accident Tracking No.:  
401218653

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident       Subsequent Notice of Accident

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

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: <u>02/23/2017</u>	Time of Accident: <u>08:05 PM</u>
API Number: <u>05-</u>	Facility ID: <u>444717</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>Anschutz Equus Farms</u>	Well/Facility Num: <u>4-62-20_21</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWNW</u> Sec: <u>20</u> Twp: <u>4N</u> Rng: <u>62W</u> Meridian: <u>6</u>	
	Lat: <u>40.299603</u> Long: <u>-104.356372</u>
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</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):

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 relevant to incident that would prevent future occurrences.
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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