

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:
03/08/2017

Accident Tracking No.:
401227663

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 21750 Contact Name: Jack Crumley
Name of Operator: CRUMLEY* JACK Phone: (970) 345-6550
Address: 27577 COUNTY ROAD 42 Fax: ()
City: AKRON State: CO Zip: 80720-494 Email: jlccrumley@gmail.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 03/04/2017 Time of Accident: _____
API Number: 05- 121-08445 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: SNYDER Well/Facility Num: 1
County: WASHINGTON
Location: QTRQTR: NESE Sec: 17 Twp: 3N Rng: 50W Meridian: 6
Lat: 40.227870 Long: -102.987260
Field Name: POINT BAR Field Number: 69715

DESCRIPTION

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail::

Weld failed on fire tube in treater blowing out oil and produced water into containment berms and dry land wheat field

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
03/04/2017	Washington County	Terry Hart	Notified
03/04/2017	COGCC	Susan Sherman	Set up meeting 3/5/2017 on location
03/04/2017	Landowner	Stan Sunderman	Notified

OPERATOR COMMENTS and SUBMITTAL

Electronic submission entered by Mike Leonard, COGCC, see attached emailed report

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: Mike Leonard

Email: mike.leonard@state.co.us

Signature: _____

Title: QAP

Date: 03/07/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

In the subsequent Form 22 provide a root cause analysis of the equipment failure and details of practices, procedures and necessary training (if needed) to prevent future occurrences of this nature

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

401227672

FORM 22 SUBMITTED

Total Attach: 1 Files