

**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:
03/09/2017Accident Tracking No.:
401229829**ACCIDENT REPORT**

As required by Rule 602.b.

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

OGCC Operator Number: 21750 Contact Name: Judy Crumley
Name of Operator: CRUMLEY* JACK Phone: (970) 345 6550
Address: 27577 COUNTY ROAD 42 Fax: (970) 345 2643
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: 6 AM
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::

This was an unusual equipment failure, weld on fire tube in treater failed. I plan to inspect fire tubes welds whenever I am working on treaters.

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

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: Judy Crumley

Email: jlccrumley@gmail.com

Signature: _____

Title: COUA

Date: 03/09/2017

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