

FORM  
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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:  
03/09/2017

Accident Tracking No.:  
401229829

**ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**

Initial Notice of Accident  Subsequent Notice of Accident

OGCC Operator Number: <u>21750</u>	Contact Name: <u>Judy Crumley</u>
Name of Operator: <u>CRUMLEY* JACK</u>	Phone: <u>(970) 345 6550</u>
Address: <u>27577 COUNTY ROAD 42</u>	Fax: <u>(970) 345 2643</u>
City: <u>AKRON</u> State: <u>CO</u> Zip: <u>80720-494</u>	Email: <u>jlccrumley@gmail.com</u>

**DESCRIPTION OF ACCIDENT**(Please be as specific as possible)

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

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