

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:
06/07/2017

Accident Tracking No.:
401302404

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 19160 Contact Name: Brian Aldrich
Name of Operator: CONOCO PHILLIPS COMPANY Phone: (303) 268-3705
Address: P O BOX 2197 Fax: ()
City: HOUSTON State: TX Zip: 77252-2197 Email: Brian.C.Aldrich@conocophillips.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 06/05/2017 Time of Accident: _____
API Number: 05- Facility ID: 431995 Type of Facility: LOCATION
Well/Facility Name: Converse Family 6 Well/Facility Num: 1H
County: ARAPAHOE
Location: QTRQTR: NESE Sec: 6 Twp: 4s Rng: 63w Meridian: 6
Lat: 39.728869 Long: -104.472106
Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950

DESCRIPTION

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

On the afternoon of 6/5/17 an extreme weather event occurred in the Niobrara Field; including high winds, hail, and rain. ConocoPhillips' Converse 6-1H location sustained equipment damage to the tank battery. This well is currently temporarily abandoned and the damaged equipment was denergized, disconnected, and cleaned in preparation to be moved to another location. There were no releases or injuries that occurred as a result of this incident.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response

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: Jennifer Dixon Email: jennifer.a.dixon@conocophillips.com
Signature: _____ Title: Regulatory Coordinator Date: 06/07/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

--	--

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files