

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:
08/09/2017

Accident Tracking No.:
401371347

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 17180 Contact Name: Charlene Irey
Name of Operator: CITATION OIL & GAS CORP Phone: (281) 891-1573
Address: 14077 CUTTEN RD Fax: ()
City: HOUSTON State: TX Zip: 77269 Email: cirey@cogc.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 07/30/2017 Time of Accident: 5:45 AM
API Number: 05- 017-06818 Facility ID: Type of Facility: WELL
Well/Facility Name: ARAPAHOE UNIT Well/Facility Num: 170(14-9)
County: CHEYENNE
Location: QTRQTR: SWSW Sec: 9 Twp: 14S Rng: 42W Meridian: 6
Lat: 38.844242 Long: -102.125485
Field Name: ARAPAHOE Field Number: 2875

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 was discovered at the Arapahoe Unit Section 9 water tank. The fire was burning from the thief hatch and 2" vent riser. The Cheyenne Wells Fire Department responded and used foam to extinguish the fire.

Upon investigation, it appeared the North Arapahoe compressor ESD was activated due to the breaker tripping as a result of a power failure. A severe lightning storm had occurred just prior to the incident being reported.

The ESD was reset, the compressor started and operations returned to normal as of 9:00 a.m. The fiberglass water tank did not appear to have sustained any damage as a result of this incident.

This incident was reported to Stuart Elsworth, ext 5108 on 7/30/17 @ 7:48 a.m. Form 22 was emailed on 8/8/17 to Margaret Ash who forwarded the document to Mike Leonard. Mike then instructed the report be filed via eForm.

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: Lee Ann Elsom

Email: lelsom@cogc.com

Signature: _____

Title: Mgr.Regulatory Compliance

Date: 08/09/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

Agency

Descripton includes apparent cause as lightening

08/11/2017

Total: 1 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files