

**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:
09/13/2017Accident Tracking No.:
401401956**ACCIDENT REPORT**

As required by Rule 602.b.

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

OGCC Operator Number: 10110 Contact Name: Gary Mathews
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (970) 686-8831
Address: 1801 BROADWAY #500 Fax: ()
City: DENVER State: CO Zip: 80202 Email: gmathews@gwogco.com

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 09/11/2017 Time of Accident: 10:00 AM
API Number: 05- Facility ID: 435635 Type of Facility: LOCATION
Well/Facility Name: Spaur Brothers North Pad Well/Facility Num: 31-219HN
County: WELD
Location: QTRQTR: NESE Sec: 31 Twp: 7N Rng: 63W Meridian: 6
Lat: 40.529683 Long: -104.471103
Field Name: WATTENBERG Field Number: 90750

DESCRIPTION

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

O n9/11/2017 at approximately 10:00 a.m., Great Western Operating Company had a leased compressor catch on fire at the Spaur Brothers North location in Weld County. The Platte Valley Fire Department was dispatched, and put the fire out at approximately 10:20 a.m. At this time the cause of the fire is unknown. The rental company (CSI Compressco) is scheduling a full investigation, which will include the root cause analysis. There were no other equipment damages or injuries 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
09/11/2017	Platte Valley Fire Department	Barry Schaefer	
09/11/2017	COGCC	Rick Allison	

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: Gary Mathews Email: gmathews@gwogco.com
Signature: _____ Title: EHS Coordinator Date: 09/13/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

With subsequent Formm 22 provide root cause analysis of this incident. Provide documentation of any procedures, process improvement and training related to the prevention of future incidents of this nature

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