

**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:  
**09/22/2017**Accident Tracking No.:  
**401411356****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) 623-3522  
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: 09/20/2017 Time of Accident: 9:00 PM  
API Number: 05- Facility ID: 447013 Type of Facility: LOCATION  
Well/Facility Name: Dittmer KE Pad Well/Facility Num: 29-032HN  
County: WELD  
Location: QTRQTR: NENW Sec: 32 Twp: 1N Rng: 66W Meridian: 6  
Lat: 40.011917 Long: -104.801886  
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::

On 9/20/2017 at approx. 9:00 P.M. a contract operator observed a fire at the separator units, on the Dittmer KE location (SEC 32 TOWNSHIP 1N RG 66W) in Weld County. The operator backed off to a safe distance, and called 911, as well as Great Western company personnel. Prior to the fire department's arrival the operator was able to shut in all the wellheads. The Brighton Fire Department arrived and assumed incident command of the situation. They set un-manned ground valves to spray cool water on other process equipment as a mitigation technique to isolate the incident. Once the residual gas had been vacated out of process piping, the fire was extinguished. No one was injured as a result of this incident, and the cause is currently under investigation by Great Western Operating Co.

**OTHER NOTIFICATIONS**

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

Date	Agency	Contact	Response
09/20/2017	Brighton Fire Department		Responded to 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: Ty Woodworth Email: twoodworth@gwogco.com  
Signature: \_\_\_\_\_ Title: Prod Eng Lead Date: 09/22/2017

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

Within sixty (60) days provide subsequent accident report Form 22 with detailed root cause analysis for this incident. Include documentation of procedures, policies and training developed to prevent future occurrences 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