

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:
01/31/2018

Accident Tracking No.:
401531556

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 17180 Contact Name: Lee Ann Elsom
Name of Operator: CITATION OIL & GAS CORP Phone: (281) 891-1577
Address: 14077 CUTTEN RD Fax: ()
City: HOUSTON State: TX Zip: 77269 Email: lelsom@cogc.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 01/26/2018 Time of Accident: 6:12 AM
API Number: 05- Facility ID: 321601 Type of Facility: LOCATION
Well/Facility Name: MCCORMICK 44-34-613S49W Well/Facility Num: 34SESE
County: CHEYENNE
Location: QTRQTR: SESE Sec: 34 Twp: 13S Rng: 49W Meridian: 6
Lat: 38.867837 Long: -102.870475
Field Name: SORRENTO Field Number: 77725

DESCRIPTION

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

Manway gasket gave way and misted oil into atmosphere and was ignited by the firetube. 6X20 Vertical treater and fittings were damaged.

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 Complianc Date: 01/31/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

Within 60 days submit with subsequent Form 22 Accident Report detailed root cause analysis regarding this event. Include docuemntations of procedures, policies and training implemented to prevent future occurances 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