

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

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

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

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.
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General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files