

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:  
**03/05/2018**

Accident Tracking No.:  
**401531578**

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::

Root Cause: Gasket on center manway on 6 X 20 treater failed, spraying oil into atmosphere and was ignited by the firetube. The vertical treater and fittings were damaged.

Preventative measures implemented: Inspect all manway gaskets on treater whenever it is cleaned/serviced.

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: 03/05/2018

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

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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