

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