

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:
06/04/2018

Accident Tracking No.:
401659525

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10071</u>	Contact Name: <u>Dustin Watt</u>
Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(970) 353-0407</u>
Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>dwatt@hpres.com</u>

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: <u>05/31/2018</u>	Time of Accident: <u>5:00 PM</u>
API Number: <u>05-</u>	Facility ID: <u>454977</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>RSU Anschutz Fed</u>	Well/Facility Num: <u>4-62-2_1 SE 3</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SESE</u> Sec: <u>3</u> Twp: <u>4N</u> Rng: <u>62W</u> Meridian: <u>6</u>	
	Lat: <u>40.335122</u> Long: <u>-104.304653</u>
Field Name: _____	Field Number: _____

DESCRIPTION

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

At approximately 5 PM on May 31, 2018 an employee of a contractor to HighPoint Operating Corporation suffered a reportable injury to fingers of his right hand. The contractor working on behalf of HighPoint Operating Corporation was setting surface casing at the location. Initial report indicates that while setting casing the injured employee placed his right hand on the derrick. The derrick scoped down and the guide rail roller went over his right hand. Employee was taken to the hospital via company truck.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
05/31/2018	Weld Co LDG	Troy Swain	Notification send via e-mail 9:30 PM May 31, 2018

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: Rusty Frishmuth Email: rfrishmuth@hpres.com

Signature: _____ Title: EHS Mgr Date: 06/04/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Within sixty (60) days provide documentation of policies, procedures and training implemented to prevent future occurrences of this type of incident
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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