

**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:

06/07/2018

Accident Tracking No.:

401666171**ACCIDENT REPORT**

As required by Rule 602.b.

CONTACT INFORMATION☐ Initial Notice of Accident ☒ Subsequent Notice of Accident

OGCC Operator Number: 10071

Contact Name: Dustin Watt

Name of Operator: HIGHPOINT OPERATING CORPORATION

Phone: (970) 353-0407

Address: 1099 18TH ST STE 2300

Fax: ()

City: DENVER State: CO Zip: 80202

Email: dwatt@hpres.com

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 05/31/2018 Time of Accident: 5:00 PM

API Number: 05- Facility ID: 454977 Type of Facility: LOCATION

Well/Facility Name: RSU Anschutz Fed Well/Facility Num: 4-62-2_1 SE 3

County: WELD

Location: QTRQTR: SESE Sec: 3 Twp: 4N Rng: 62W Meridian: 6

Lat: 40.335122 Long: -104.304653

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::

Report of subsequent actions related to May 31st Reportable Injury:

The contractor is currently working with OSHA to investigate incident and develop policies, procedures and training, as needed, to prevent incidents of this nature in the future. HighPoint will require those standards to be met. In the interim HighPoint has notified all employees and contract personnel about pinch point hazards to heighten awareness.

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 Manager Date: 06/07/2018

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