

FORM  
22

Rev  
06/18

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:  
08/06/2018

Accident Tracking No.:  
401725543

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>10311</u>	Contact Name: <u>Bert Williams</u>
Name of Operator: <u>SRC ENERGY INC</u>	Phone: <u>(970) 4755220</u>
Address: <u>1675 BROADWAY SUITE 2600</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bwilliams@srcenergy.com</u>

ACCIDENT DATE, TIME, and LOCATION (Please be as specific as possible)

Date of Accident: <u>08/03/2018</u>	Time of Accident: <u>7:30 PM</u>
API Number: 05- _____	Facility ID: <u>456363</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>McNear</u>	Well/Facility Num: <u>10-9 Pad</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>NWSE</u> Sec: <u>9</u> Twp: <u>6N</u> Rng: <u>66W</u> Meridian: <u>6</u>	
	Lat: <u>40.500681</u> Long: <u>-104.781630</u>
Field Name: _____	Field Number: _____

Was there a reportable E & P waste spill or release associated with this accident?      Yes       No

If YES, enter the Document Number of the Initial Spill/Release Report, Form 19: \_\_\_\_\_

Was there a Grade 1 Gas Leak associated with this accident ?      Yes       No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report, Form 44: \_\_\_\_\_

DESCRIPTION OF ACCIDENT

Number of members of the general public injured: 0

Number of workers injured: 1

Number of general public fatalities: 0

Number of worker fatalities: 0

Type of Accident (check all that apply):

- Fire
- Explosion
- Detonation
- Uncontrolled Release
- Other      Description: struck by equipment

**Detailed Description of Accident:**

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

Miller HFI employee was operating a track skid steer (Bobcat T870) building access road to the McNear location. Driver put skid steer into reverse and struck his co worker acting as a spotter running him over. Driver immediately pulled off employee and called 911 at approx 7:35pm. Weld county sheriff and Eaton Fire Department arrived on location at 7:45pm. Eaton Ambulance arrived at 7:51. Miller HFI Foreman contacted SRC Senior construction foreman at 7:48pm and he immediately called SRC Safety Mgr. at 7:51. Both employees had left location before SRC representatives could conduct an investigation. SRC and Miller representatives met on location the following morning at 8am to conduct investigation.

Root Cause: Skid steer backed onto injured employee.

Contributing Actions: Injured employee turned his back to skid steer.

Contributing Conditions:

1. Back up alarm was not working during the time of the incident.
2. Injured employee was in the blind spot of the skid steer.
3. No pre job equipment inspection completed before start of job.
4. No signatures on pre job safety analysis.

**OTHER NOTIFICATIONS**

List all parties and agencies that were notified or responded to the accident. (For example: Local Government Designee, Municipality, County, BLM, EPA, CDOT, Local Emergency Planning Coordinator, etc.)

Date	Agency	Contact	Response
08/03/2018	Eaton Fire Department		Eaton FD and EMT responded to location.
08/03/2018	COGCC	Mike Leonard	SRC EHS Director Brian Macke contacted Mike via phone call for initial report.

**OPERATOR COMMENTS and SUBMITTAL**

This Form 22 Incident Report is being submitted by Dave Castro, on behalf of Bert Williams, SRC's Safety Manager. Bert is not setup in eForms, but a Form 1A will be submitted to get Bert an eForms account.

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: Dave Castro Email: dcastro@srcenergy.com  
 Signature: \_\_\_\_\_ Title: Sr. Env. Specialist Date: 08/06/2018

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	Within 45 days provide documentation of policies, procedures and training implemented to prevent occurrences 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