

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:
09/03/2018

Accident Tracking No.:
401751977

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10459</u>	Contact Name: <u>Jeff Rickard</u>
Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(720) 737-5144</u>
Address: <u>370 17TH STREET SUITE 5300</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jrickard@extractionog.com</u>

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

Date of Accident: <u>09/03/2018</u>	Time of Accident: <u>5:30 AM</u>
API Number: 05- <u>001-10034</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>PC 1S-66-2928</u>	Well/Facility Num: <u>17NH</u>
County: <u>ADAMS</u>	
Location: QTRQTR: <u>NWSW</u> Sec: <u>29</u> Twp: <u>1S</u> Rng: <u>66W</u> Meridian: <u>6</u>	
	Lat: <u>39.933510</u> Long: <u>-104.804200</u>
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</u>

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: Worker Injury

Detailed Description of Accident:

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

An contract employee was involved in an injury resulting in a OSHA reportable event. The injury occurred during drilling activities. The drilling operator is looking into potential corrective actions.

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

OPERATOR COMMENTS and SUBMITTAL

Accident Happened on Labor Day, Adams County is off for the Federal Holiday, Extraction will reach out to LGD on Tuesday.

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: Jeff Rickard Email: jrickard@extractionog.com
 Signature: _____ Title: Regulatory Compliance Coo Date: 09/03/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files