

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:
09/19/2018

Accident Tracking No.:
401768036

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>17180</u>	Contact Name: <u>Lee Ann Elsom</u>
Name of Operator: <u>CITATION OIL & GAS CORP</u>	Phone: <u>(281) 891-1577</u>
Address: <u>14077 CUTTEN RD</u>	Fax: <u>(281) 580-2168</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77269</u>	Email: <u>lelson@cogc.com</u>

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

Date of Accident: <u>09/18/2018</u>	Time of Accident: <u>09:25 AM</u>
API Number: 05- <u>017-07420</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>PETER 42-29</u>	Well/Facility Num: <u>2</u>
County: <u>CHEYENNE</u>	
Location: QTRQTR: <u>SENE</u> Sec: <u>29</u> Twp: <u>13S</u> Rng: <u>43W</u> Meridian: <u>6</u>	
	Lat: <u>38.894904</u> Long: <u>-102.242686</u>
Field Name: <u>MAYFIELD</u>	Field Number: <u>53160</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: 0

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: _____

Detailed Description of Accident:

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

Steel nipple on fuel scrubber drain line cracked from vibration causing condensate to spray on hot engine, which ignited, burning the engine, starting battery, drive belt, wiring harness and various other items.

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

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 Compliance Date: 09/19/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Within 60 days provide documentations of measures taken to pprevent future occurrence of this nature. Also provide documentation of notifications as required by Rule 602. c.
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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