

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

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

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

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**

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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 prevent 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