

Detailed Description of Accident:

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

Pin Hole leak from pulled threads at nipple on wellhead manifold.

Employee on site Saturday, Sept 22nd, no leaks observed.

Time leak detected 7:45 AM, Tuesday, Sept. 25th.

Line isolated and blown down without incident shortly after detection.

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: Kevin McDermott

Email: kmcdermott@terraep.com

Signature: _____

Title: Safety Supervisor

Date: 09/26/2018

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

	Within 60 days provide subsequent report Form 22 with root cause of release. Describe procedures implemented to prevent future occurrences
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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