

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:  
01/06/2019

Accident Tracking No.:  
401894394

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

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

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

Date of Accident: 01/05/2019 Time of Accident: 1:00 PM  
API Number: 05- Facility ID: 456114 Type of Facility: LOCATION  
Well/Facility Name: Duck Club Well/Facility Num: Pad  
County: ADAMS  
Location: QTRQTR: NWSW Sec: 12 Twp: 1S Rng: 66W Meridian: 6  
Lat: 39.979070 Long: -104.730950  
Field Name: WATTENBERG Field Number: 90750

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: Fall

**Detailed Description of Accident:**

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

A contracted vender had an worker fall off a truck during drilling rig mobilization. The fall resulted in the injured worker being hospitalized for observations.

**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: Jeff Rickard

Email: jrickard@extractionog.com

Signature: \_\_\_\_\_

Title: Regulatory Compliance Coo

Date: 01/06/2019

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

	Prior to March 5, 2019 provide root cause. Provide documentation of policies, procedures and training implemented to prevent future incidents
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**Attachment Check List****Att Doc Num****Name**

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Total Attach: 0 Files

<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		

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