

Detailed Description of Accident:

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

There were liquids in the fire tube of the separator remaining from a flooded condition the day before the accident. Such liquids caught on fire. The fire department put out the fire, the separator was drained and the burner and tube will be replaced.

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
01/04/2019	Surface Owner		
01/14/2019	Weld County	Jason Maxey	
01/04/2019	COGCC	Inspector	

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: Susana Lara-Mesa

Email: slaramesa@kpk.com

Signature: _____

Title: VP Engineering

Date: 01/14/2019

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

	Prior to March 5, 2019 provide root cause. Include documentation of policies, procedures and training implemented to prevent future occurrences. Also provide responding fire agency.
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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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