

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:  
02/01/2019

Accident Tracking No.:  
401925260

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident  Subsequent Notice of Accident

OGCC Operator Number: <u>46290</u>	Contact Name: <u>Susana Lara-Mesa</u>
Name of Operator: <u>KP KAUFFMAN COMPANY INC</u>	Phone: <u>(303) 825-4822</u>
Address: <u>1675 BROADWAY, STE 2800</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>slaramesa@kpk.com</u>

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

Date of Accident: <u>01/04/2019</u>	Time of Accident: <u>10:30 AM</u>
API Number: 05- <u>123-07833</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>JAMES A DAMIANA</u>	Well/Facility Num: <u>1</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SESE</u> Sec: <u>20</u> Twp: <u>2N</u> Rng: <u>66W</u> Meridian: <u>6</u>	
	Lat: <u>40.118139</u> Long: <u>-104.794081</u>
Field Name: <u>SPINDLE</u>	Field Number: <u>77900</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.

The separator flooded, which happens when the liquid product replaces the gas supply inside the volume pot that supplies the gas to the top of the vessel. Such gas is used to power the separator. Due to strong wind conditions at the time of the flood, it is believed that the separator used more gas than it normally does, and the suction caused the float to remain stuck open allowing liquid product to flow into the top of the vessel. Upon discovery, the pumper cleaned out the lines as far as he could into the fire tube, but a portion of the vessel was frozen, which caught fire after thawing due to oil residue in the water.

The pumpers have had updated training regarding fire in the workplace, routine equipment training, including complete flushing of lines before turning equipment-wells back on.

**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: Susana Lara-Mesa Email: slaramesa@kpk.com  
 Signature: \_\_\_\_\_ Title: VP Engineering Date: 02/01/2019

**CONDITIONS OF APPROVAL, IF ANY:**

<u>COA Type</u>	<u>Description</u>

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

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