

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:  
02/08/2019

Accident Tracking No.:  
401933571

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.

The root cause of the incident was improper body positioning during material handling. The following corrective action by contractor are implemented. 1. Employees will be on the ground while loading trailers. 2. Tags lines will be used to reposition body placement.

**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: 02/08/2019

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

--	--

**Attachment Check List****Att Doc Num****Name**

--	--

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)		

---

]