

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:
02/11/2019

Accident Tracking No.:
401933418

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

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

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

Date of Accident: <u>02/08/2019</u>	Time of Accident: <u>9:00 AM</u>
API Number: <u>05-</u>	Facility ID: <u>439204</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>WAAG SOUTH SESW</u>	Well/Facility Num: <u>PAD #1</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SESW</u> Sec: <u>19</u> Twp: <u>7N</u> Rng: <u>65W</u> Meridian: <u>6</u>	
	Lat: <u>40.554470</u> Long: <u>-104.707150</u>
Field Name: <u>EATON</u>	Field Number: <u>19350</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.

A fire occurred on a Separator on the Waag South pad at Approx. 9:00 Am on 2/8/19. The fire was controlled shortly thereafter and limited to the primary containment. No injuries occurred. The cause at this time is still under investigation, a root cause and necessary reports will be submitted with the Supplemental Accident Report.

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
02/08/2019	Ault/Pierce FD		Responding Agency
02/08/2019	Windsor FD		Responding Agency
02/08/2019	Galeton FD		Responding Agency
02/08/2019	Nunn FD		Responding Agency
02/08/2019	Weld County LGD	Jason Maxey & Roy Rudisill	A voice message was left for Jason Maxey and Extraction staff talked to Roy.
02/08/2019	Eaton FD		Responding Agency

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: 02/11/2019

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to April 11, 2019 provide root cause. Include documentation of policies, procedures and training implemented to prevent future occurrences
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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)

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