

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:
05/17/2019

Accident Tracking No.:
402047250

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>69175</u>	Contact Name: <u>Erin Dougherty</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(970) 313-5541</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>erin.dougherty@pdce.com</u>

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

Date of Accident: <u>05/15/2019</u>	Time of Accident: <u>2:00 PM</u>
API Number: 05- _____	Facility ID: <u>447859</u>
Well/Facility Name: <u>Ottenhoff</u>	Type of Facility: <u>LOCATION</u>
County: <u>WELD</u>	Well/Facility Num: <u>5N64W29CR</u>
Location: QTRQTR: <u>NENE</u>	Sec: <u>29</u> Twp: <u>5N</u> Rng: <u>64W</u> Meridian: <u>6</u>
	Lat: <u>40.375960</u> Long: <u>-104.568160</u>
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</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 small fire occurred Wednesday, May 15th at 2:00pm on a MDW Power Systems generator at the Ottenhoff facility. An O-ring within the secondary oil filter broke causing oil to spray onto the exhaust and ignite. The emergency shutdown on the unit was activated and the fire was extinguished immediately with a handheld fire extinguisher. Damage was minimal and restricted to within the generator unit. There were no injuries. A full root cause analysis by MDW Power Systems is pending.

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
05/15/2019	COGCC	Mike Leonard	by email
05/15/2019	COGCC	Margaret Ash	by email
05/15/2019	Weld County	Roy Rudisill	by email
05/15/2019	Weld County	Jason Maxey	by email

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: Erin Dougherty Email: erin.dougherty@pdce.com
 Signature: _____ Title: Safety Representative Date: 05/17/2019

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to July 20, 2019 provide subsequent Form 22 with root cause. Include documentation of policies, practices, procedures and training implemented to prevent future occurrences.
--	---

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)

]