

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:  
06/17/2019

Accident Tracking No.:  
402076789

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 35080 Contact Name: MICHAEL REILLY  
Name of Operator: GRAND MESA OPERATING CO Phone: (316) 265-3000  
Address: 1700 N. WATERFRONT PKWY BL 600 Fax: (316) 265-3455  
City: WICHITA State: KS Zip: 67206 Email: MREILLY@GMOCKS.COM

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

Date of Accident: 05/31/2019 Time of Accident: 22:30 PM  
API Number: 05- Facility ID: 463808 Type of Facility: LOCATION  
Well/Facility Name: GRAND CANYON Well/Facility Num: 1-31  
County: LINCOLN  
Location: QTRQTR: NENE Sec: 31 Twp: 7S Rng: 54W Meridian: 6  
Lat: 39.401670 Long: -103.475150  
Field Name: \_\_\_\_\_ Field Number: \_\_\_\_\_

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: Worker transported to Hospital

**Detailed Description of Accident:**

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

Tool pusher took employee to Hospital ER as worker cut finger.

**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: MICHAEL REILLY

Email: MREILLY@GMOCKS.COM

Signature: \_\_\_\_\_

Title: President

Date: 06/17/2019

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

|  |                                                                                                                                                                             |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Prior to September 18, 2019 provide root cause of incident. Include documentation of policies, procedures, practices and training implemented to prevent future occurrences |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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)     |                |                     |

]