

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

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

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

General Comments

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

Total: 0 comment(s)

]