

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.:  
402077477

**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: 05- _____	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.

Hands were laying down a reamer. Reamer was standing upright on the drilling floor still in elevators, elevators were opened and the reamer fell towards tongs. Injured worker tried to move tongs so reamer would not hit them. Finger was between the reamer and tongs. Root cause was not having reamer secured before opening elevators.

**Actions taken to remedy another accident:**

IMA was sent out to have a safety meetine regarding hands and fingers they will have better communication on rig floor from now on.

**Lessons learned:**

make sure reamer is secured before opening elevators.

**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**

COA Type	Description

**Attachment Check List**

**Att Doc Num**

**Name**

Att Doc Num	Name

Total Attach: 0 Files

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**General Comments**

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

Total: 0 comment(s)

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