

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: 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.

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

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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**

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Attachment Check List**Att Doc Num****Name**

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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)		

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