

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:  
08/30/2019

Accident Tracking No.:  
402163090

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10456 Contact Name: Brett Middleton  
Name of Operator: CAERUS PICEANCE LLC Phone: (970) 285-2739  
Address: 1001 17TH STREET #1600 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: bmiddleton@caerusoilandgas.com

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

Date of Accident: 08/30/2019 Time of Accident: 1045 AM  
API Number: 05- Facility ID: 335635 Type of Facility: LOCATION  
Well/Facility Name: N PARACHUTE Well/Facility Num: EF12A-19 L19595  
County: GARFIELD  
Location: QTRQTR: Lot 9 Sec: 19 Twp: 5S Rng: 95W Meridian: 6  
Lat: 39.598377 Long: -108.106516  
Field Name: GRAND VALLEY Field Number: 31290

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 line strike occurred during remediation excavation activities at the L19-596 location.

**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
08/30/2019	Garfield county Liason	Kirby Wynn	sent 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: Brett Middleton

Email: bmiddleton@caerusoilandgas.com

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

Title: Environmental Lead

Date: 08/30/2019

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

	Prior to November 3, 2019 provide root cause of incident. Provide documentation of policies, procedures, practices and training implemented to prevent future occurrences.
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**Attachment Check List****Att Doc Num****Name**

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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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