

FORM
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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:
09/06/2019

Accident Tracking No.:
402168027

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10311</u>	Contact Name: <u>Bert Williams</u>
Name of Operator: <u>SRC ENERGY INC</u>	Phone: <u>(918) 2109629</u>
Address: <u>1675 BROADWAY SUITE 2600</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bwilliams@srcenergy.com</u>

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

Date of Accident: <u>09/04/2019</u>	Time of Accident: <u>11:15 AM</u>			
API Number: 05- _____	Facility ID: <u>454188</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>Greeley-Rothe Federal</u>	Well/Facility Num: <u>16-1 Pad</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>SESE</u>	Sec: <u>1</u>	Twp: <u>5N</u>	Rng: <u>67W</u>	Meridian: <u>6</u>
	Lat: <u>40.424142</u>		Long: <u>-104.833502</u>	
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</u>			

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: Flash Fire from vapors being released from PRV

General Comments

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

Total: 0 comment(s)

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