

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

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

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

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

Detailed Description of Accident:

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

Contract pumper was performing maintenance on a separator. Due to improper valve alignment a tank battery was overpressured and PRV valves opened releasing vapors. The wind was traveling from the south to the north causing the vapors to be ignited by the combustor about 120 ft. away.

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: Bert Williams

Email: bwilliams@srcenergy.com

Signature: _____

Title: Safety Mgr.

Date: 09/06/2019

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

	Prior to November 9, 2019 provide documentation of policies, procedures, practices and training to prevent future occurrences.
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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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