

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:
09/23/2019

Accident Tracking No.:
402185320

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 69175 Contact Name: Erin Dougherty
Name of Operator: PDC ENERGY INC Phone: (970) 313-5541
Address: 1775 SHERMAN STREET - STE 3000 Fax: ()
City: DENVER State: CO Zip: 80203 Email: erin.dougherty@pdce.com

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

Date of Accident: 09/21/2019 Time of Accident: 11:30 AM
API Number: 05- Facility ID: 310839 Type of Facility: LOCATION
Well/Facility Name: NELSON-65N67W Well/Facility Num: 34NESW
County: WELD
Location: QTRQTR: NESW Sec: 34 Twp: 5N Rng: 67W Meridian: 6
Lat: 40.355690 Long: -104.883580
Field Name: JOHNSTOWN Field Number: 42600

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 small fire occurred Saturday, September 21st at approximately 11:30am on a CSI Compressco compressor at the Nelson facility. Upon initial investigation it appears that the fire was caused by an equipment malfunction, within the starter, when an employee pushed the reset button. The fire was extinguished immediately with a handheld fire extinguisher. There were no injuries and very little damage to the equipment. A full root cause analysis by CSI Compressco is underway.

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
09/21/2019	Weld County	Jason Maxey	By email
09/21/2019	Weld County	Roy Rudisill	By email
09/21/2019	COGCC	Mike Leonard	By email
09/21/2019	COGCC	Margaret Ash	By email

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: Erin Dougherty

Email: erin.dougherty@pdce.com

Signature: _____

Title: Safety Representative

Date: 09/23/2019

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

	Prior to November 23, 2019 provide root cause. Include 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

<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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