

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

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

General Comments

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

Total: 0 comment(s)

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