

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:
10/07/2019

Accident Tracking No.:
402201221

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.

During remediation excavation activities a 2" flow line was struck with an excavating piece of equipment causing a release of gas, the line was shut in at the well head. The job was halted, and emergency response procedures were followed. No injuries occurred and no other equipment was damaged. An onsite investigation and a Root Cause Investigation was conducted.

The outcome of that Root Cause Analysis was that:

The location lacked complete line locating

The project scope changed and new scope of work was not fully understood by all parties

Energy sources were not removed

The pipeline was not installed in a manner consistent with the remainder of the field

The following Corrective actions were developed to address the Root Causes identified:

Develop a Ground Disturbance Company Policy/Procedure

Develop and send Hazard Alert and Mandate for Isolating Energy Sources

Develop Remediation Excavation Procedure

Evaluate Workload for each employee and determine if adequate resources are in place

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: 10/07/2019

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

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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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