

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:
12/23/2019

Accident Tracking No.:
402270324

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10110 Contact Name: Ben Huggins
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (720) 595-2078
Address: 1001 17TH STREET #2000 Fax: ()
City: DENVER State: CO Zip: 80202 Email: bhuggins@gwogco.com

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

Date of Accident: 12/20/2019 Time of Accident: 1:30 PM
API Number: 05- Facility ID: 432014 Type of Facility: LOCATION
Well/Facility Name: New Cache FH NWSW/NWSE Tank Well/Facility Num: 8-12D
County: WELD
Location: QTRQTR: NESW Sec: 8 Twp: 6N Rng: 63W Meridian: 6
Lat: 40.499236 Long: -104.461819
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: 1
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.

At approximately 1:30 PM on December 20, 2019, a worker was attempting to light an Enclosed Combustion Device (ECD) pilot light. Despite allowing time for the ECD to ventilate prior to lighting, some gas remained which ignited in a brief flash. The procedure for manually lighting an ECD has been modified to include additional ventilation time and confirmation with a personal gas monitor prior to attempting to light the pilot.

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
12/20/2019	Weld County	Jason Maxey	
12/20/2019	COGCC	Mike Leonard	

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: Ben Huggins

Email: bhuggins@gwogco.com

Signature: _____

Title: EHS Director

Date: 12/23/2019

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

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Field Operations	Basic root cause and documentation of process to avoid future occurrences has been submitted. No need for subsequent report Form 22	12/23/2019

Total: 1 comment(s)

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