

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

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

Date of Accident: <u>12/20/2019</u>	Time of Accident: <u>1:30 PM</u>			
API Number: 05- _____	Facility ID: <u>432014</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>New Cache FH NWSW/NWSE Tank</u>	Well/Facility Num: <u>8-12D</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>NESW</u>	Sec: <u>8</u>	Twp: <u>6N</u>	Rng: <u>63W</u>	Meridian: <u>6</u>
	Lat: <u>40.499236</u>	Long: <u>-104.461819</u>		
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</u>			

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

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

Attachment Check List

Att Doc Num	Name

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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