

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:  
**02/06/2020**

Accident Tracking No.:  
**402304849**

## ACCIDENT REPORT

As required by Rule 602.d.

### CONTACT INFORMATION

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>10071</u>	Contact Name: <u>Rusty Frishmuth</u>
Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 3128718</u>
Address: <u>555 17TH ST STE 3700</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rfrishmuth@hpres.com</u>

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

Date of Accident: <u>02/06/2020</u>	Time of Accident: <u>4:00 AM</u>			
API Number: 05- _____	Facility ID: <u>450230</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>Peterson Production Pad</u>	Well/Facility Num: <u>5-63-30 SWNE</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>SWNE</u>	Sec: <u>30</u>	Twp: <u>5N</u>	Rng: <u>63W</u>	Meridian: <u>6</u>
	Lat: <u>40.373444</u>	Long: <u>-104.476803</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: 402304918

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.

At approximately 4 AM on February 6, 2020 a braided hose on the discharge of a vapor recovery unit ruptured, releasing gas to the surrounding area. The gas then ignited, point of ignition is unknown at this time. Two HighPoint least operators were at a neighboring facility approximately a quarter mile away. They immediately responded by calling 911 and shutting in the facility. Platte Valley Fire responded and monitored the fire. Only gas escaping from the ruptured line was involved, no liquids were released. In coordination with HighPoint's production foreman, Platte Valley used water to extinguish the fire allowing HighPoint to further isolate the source of the gas. No foam was deployed on location. Fire was extinguished and the site turned over to HighPoint by approximately 5 AM. Cause of hose rupture is under investigation.

**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
02/06/2020	Weld County Sheriff	Unknown	Weld Co Sheriff dispatched by Weld County Regional Communications Center.
02/06/2020	Platte Valley Fire Dept	Unknown	PVFD dispatched by Weld County Regional Communications Center. Responded and ultimately extinguished the fire after consulting with HighPoint operations personnel
02/06/2020	Weld County OEM	Roy Rudisill	Notified Roy by phone approximately 7:45 AM

**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: Dustin Watt Email: dwatt@hpres.com  
 Signature: \_\_\_\_\_ Title: EHS Specialist Date: 02/06/2020

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	Prior to April 20, 2020 provide root cause. Include docuemntation of policies, procedures, practices and traing implemented to prevent future occurancces
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**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files

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**General Comments**

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

Total: 0 comment(s)

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