

FORM
22
Rev
01/20

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:
09/17/2020

Accident Tracking No.:
402491978

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) 2939100</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>09/17/2020</u>	Time of Accident: <u>8:45 AM</u>			
API Number: <u>05-</u>	Facility ID: <u>435381</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>Bronco Compressor Station</u>	Well/Facility Num: <u>6-62-23</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>NENW</u>	Sec: <u>23</u>	Twp: <u>6N</u>	Rng: <u>62W</u>	Meridian: <u>6</u>
	Lat: <u>40.477770</u>	Long: <u>-104.293990</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 Spill/Release Report, Form 19: _____

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.

A fire occurred at the Bronco Compressor Station, compressor number 1 at approximately 8:45 am. HPOC was notified indirectly by a 3rd party, we responded and shut down and isolated the station before the arrival of the fire department. No personnel involved and no injuries. All firefighting water was contained on location. The Source of ignition is unknown at this time and the fire is currently under investigation. Briggsdale Fire Protection responded to the fire and extinguished flames at approximately 10:00 am. Water only was used to extinguish the fire, no PFAS foam was used in fire fighting efforts.

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
09/17/2020	Land Owner	On File	Call/Email
09/17/2020	Weld County OEM	D. Burn	Call

OPERATOR COMMENTS and SUBMITTAL

No PFAS foam used in fire fighting efforts, all water was contained on location.

COGCC Field Inspection performed. Document Number: 694400341

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: Sr. EHS Specialist Date: 09/17/2020

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to October 31, 2020 submit Subsequent Form 22 with root cause. Include documenttion of policies, practices, procedures and training implemented to prevent future occurances
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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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