

FORM
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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:
10/19/2020

Accident Tracking No.:
402513459

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10456</u>	Contact Name: <u>Jake Janicek</u>
Name of Operator: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(970) 778-2314</u>
Address: <u>1001 17TH STREET #1600</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>jjanicek@caerusoilandgas.com</u>

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

Date of Accident: <u>10/16/2020</u>	Time of Accident: <u>09:52 AM</u>
API Number: 05- <u>045-12300</u>	Facility ID: _____
Well/Facility Name: <u>NOCKS</u>	Type of Facility: <u>WELL</u>
County: <u>GARFIELD</u>	Well/Facility Num: <u>1-11D</u>
Location: QTRQTR: <u>NWNW</u>	Sec: <u>1</u> Twp: <u>8S</u> Rng: <u>96W</u> Meridian: <u>6</u>
	Lat: <u>39.384881</u> Long: <u>-108.063351</u>
Field Name: <u>PARACHUTE</u>	Field Number: <u>67350</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.

During a routine visit to the location by a contract gas measurement employee, gas was heard escaping from the wellhead of the Nocks 1-11D well. Gas control was immediately contacted and dispatched the lease operator responsible for the pad location. As a precaution, the local county fire dispatch was contacted and arrived on location. The production employees informed the fire department that their services were unnecessary. Attempts were made to terminate the release of gas, but the lease operator was unable to with any fittings connected to the wellhead at the pad surface. As a result, Caerus employees who specialize in wellbore troubleshooting were dispatched to the location along with a daylighting crew. In order to observe the sub surface part of the well, approximately 3 feet of the subsurface portion of the wellhead was daylighted. Following the daylighting of the subsurface part of the wellhead, Caerus employees started to diagnose the issues and determined that the surface casing was leaking into the conductor casing at a fairly shallow elevation below the pad surface. As a short term corrective action, a flair was connected to the bradenhead of the wellhead until a permanent solution can be formulated.

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
10/16/2020	Grand River Fire Protection District	Emergency Dispatch	Mobilized to location
10/16/2020	COGCC	Craig Burger	Discussed issue with ops staff
10/16/2020	COGCC	Mike Lennord	
10/16/2020	Garfield County LGD	Kirby Wynn	
10/17/2020	Landowner		Left voicemail

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: Jake Janicek Email: jjanicek@caerusoilandgas.com
 Signature: _____ Title: EHS Specialist Date: 10/19/2020

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	Update COGCC Engineering as work progresses	10/21/2020

Total: 1 comment(s)

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