



**Detailed Description of Accident:**

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

Upon completion of the incident investigation it was determined that the most likely scenario was that a Cata-dyne heater overheated, melted it's aluminum housing and then molten aluminum ignited combustable waste materials (primarily used oil) that had collected in the subfloor area of the compressor building below the floor grating. It is suspected that the Catadyne heater safety shut off valve was bypassed which allowed the unit to overheat. Melted pieces of Catadyne dripped into skid containing a mixture of oil, coolant, and various other chemicals that ignited. There was no explosion or evidence of a gas release and sufficient information found in the investigation supports the theory that Cata-dyne was the source of ignition.

HighPoint has or is implementing the following corrective actions:  
 Field wide inspection of all Cata-dyne heaters to ensure that safety shut-off valves had not been bypassed  
 Employee training on safety system bypass on Cata-dyne heaters  
 Employee disciplinary action  
 Implementation of periodic cleaning of compressor building subfloors to remove potentially combustable materials.

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

**OPERATOR COMMENTS and SUBMITTAL**

Supplemental Form 22 being filed to provide results of incident investigation

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: 10/29/2020

**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

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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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