

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:
12/02/2020

Accident Tracking No.:
402544769

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☐ Initial Notice of Accident ☒ Subsequent Notice of Accident

OGCC Operator Number: 69175 Contact Name: Erin Dougherty
Name of Operator: PDC ENERGY INC Phone: (970) 313-5541
Address: 1775 SHERMAN STREET - STE 3000 Fax: ()
City: DENVER State: CO Zip: 80203 Email: erin.dougherty@pdce.com

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

Date of Accident: 10/09/2020 Time of Accident: 8:30 AM
API Number: 05- Facility ID: 429947 Type of Facility: LOCATION
Well/Facility Name: Simonsen Well/Facility Num: NWNW-12 Pad
County: WELD
Location: QTRQTR: NWNW Sec: 12 Twp: 6N Rng: 67W Meridian: 6
Lat: 40.508390 Long: -104.849630
Field Name: WATTENBERG Field Number: 90750

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.

On Friday, October 9th, a small accidental fire occurred on a CSI Compressco (CSIC) compressor at the Simonsen production facility at approximately 8:30am. A CSIC technician discovered the fire when he arrived at the facility to complete regular maintenance activities. The CSIC technician eliminated the fuel source by closing the electric blowdown valve and the fire went out. He did not need to use his fire extinguisher to extinguish the fire. Damage was minimal and there were no injuries.

PDC Energy required CSI Compressco to conduct a formal root cause analysis of the incident. PDC has received and reviewed all follow up documentation and believes CSI Compressco has sufficiently addressed equipment configuration and procedural issues necessary to prevent future occurrences of this nature. Below are the details of their report.

The following was pulled directly from the CSI Compressco Incident Report and subsequent email communications relating to the incident.

"CSIC believes that in this incident the discharge flange gasket failed causing gas to release. There was a wire harness, directly above the gasket that rubbed through its protective coating. When the gas reached this wire harness it ignited a spark causing a fire. CSIC removed the Viton gasket in the 1" flapper check that is directly after the electric blow down valve and inspected it. The gasket was found to have several cracks running through it. It is likely this was back feeding gas back through the cooler and all the way back to the flange gasket to where the fire ignited.

CSI Compressco will continue 45-day preventative maintenance checks on all equipment as well as check all GasJack units to ensure no other equipment deformities. CSIC developed a new procedure on how to properly inspect head, gasket and bolts on GasJack compressors, as well as, instructions to install the gasket, torque specs and sequence. In addition, CSIC is researching gas sniffers for all employees to check for possible gas leaks while conducting maintenance activities."

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

OPERATOR COMMENTS and SUBMITTAL

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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: Erin Dougherty

Email: erin.dougherty@pdce.com

Signature: _____

Title: Safety Representatives

Date: 12/02/2020

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

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Attachment List**Att Doc Num****Name**

402544782

OTHER

Total Attach: 1 Files

<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		

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