

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:

05/27/2021

Accident Tracking No.:

402702906

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

 Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: 47120

Contact Name: Lynna Scranton

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6317

Address: P O BOX 173779

Fax: ()

City: DENVER State: CO Zip: 80217-3779

Email: lynna_scranton@oxy.com

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

Date of Accident: 05/26/2021 Time of Accident: 2:30 PM

API Number: 05-123-19891

Facility ID: Type of Facility: WELL

Well/Facility Name: Herman L

Well/Facility Num:32-13Ji

County: WELD

Location: QTRQTR: SWSW Sec: 32 Twp: 3N Rng: 66W Meridian: 6

Lat: 40.175330 Long: -104.808930

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: 402702548

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 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
 - ☐ Vandalism
 - ☐ Terrorism
 - ☐ Hazardous Chemical
 - ☐ Other
- Description

Firefighting Foam or Chemical Use

Were firefighting foams/chemicals utilized? No

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

Detailed Description of Accident:

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

An agricultural equipment operator struck the wellhead with a sprayer being pulled by a tractor. The wellhead is surrounded by a secure, red-painted, steel fence for protection. The tractor boom is higher than the fence. When the agricultural operator went near a fenced wellhead, his equipment extended over the fence around the well, but the sprayer did not clear the wellhead. There were no injuries. The wellhead has been secured and the release is controlled.

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
05/26/2021	Platteville-Gillcrest Fire Department		Responded to incident and acted in unified command.
05/26/2021	CDPHE		Notified of incident
05/27/2021	Weld County	Dave Burns	Visited location

OPERATOR COMMENTS and SUBMITTAL

Root cause defined in description, requesting closure.

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: Lynna Scranton

Email: lynna_scranton@oxy.com

Signature: _____

Title: HSE Manager

Date: 05/27/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

0 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Field Operations	No further documentation required	05/27/2021

Total: 1 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files