

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:
08/31/2021

Accident Tracking No.:
402797252

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>69175</u>	Contact Name: <u>Erin Dougherty</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(720) 688-0414</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>erin.dougherty@pdce.com</u>

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

Date of Accident: <u>08/23/2021</u>	Time of Accident: <u>4:00 PM</u>			
API Number: 05- _____	Facility ID: <u>328962</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>HSR-GREENBERG-64N66W</u>	Well/Facility Num: <u>23NWNW</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>NWNW</u>	Sec: <u>23</u>	Twp: <u>4N</u>	Rng: <u>66W</u>	Meridian: <u>6</u>
	Lat: <u>40.302760</u>	Long: <u>-104.751180</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 44: _____

DESCRIPTION OF ACCIDENT

Number of members of the general public injured: 0

Number of workers injured: 1

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: Injury

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:

[Empty box for listing 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.

A reportable injury occurred on Monday, August 23rd, 2021 at approximately 4:00pm on PDC's Greenberg Federal facility. A Lone Tree Services (contract company) employee was on location to load dirt when his tailgate got stuck. He attempted to remove the debris and pinched his finger when the tailgate closed completely. The employee was treated at the hospital. PDC Energy was aware of the incident however did not receive official statement of injury status (OSHA reportable) until Monday, August 30th as the contract company was waiting on additional information from their workers compensation provider. An internal investigation is underway.

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
08/30/2021	COGCC/State	Mike Leonard	by email
08/30/2021	Weld County	Dave Burns	by email
08/30/2021	Weld County	Roy Rudisill	by email
08/30/2021	Weld County	Jason Maxey	by email

OPERATOR COMMENTS and SUBMITTAL

[Empty box for 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: Erin Dougherty Email: erin.dougherty@pdce.com

Signature: _____ Title: Safety Representative Date: 08/31/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

0 COA	
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[Large empty box for additional conditions of approval or comments]

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Field Operations	No further documentation or reports required	08/31/2021

Total: 1 comment(s)

Attachment List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files