

FORM
22
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:
12/27/2021

Accident Tracking No.:
402909014

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>(970) 313-5541</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>12/24/2021</u> | Time of Accident: <u>9:10 AM</u> | | | |
| API Number: 05- _____ | Facility ID: <u>323429</u> | Type of Facility: <u>LOCATION</u> | | |
| Well/Facility Name: <u>KISSSLER-64N66W</u> | Well/Facility Num: <u>21SWNW</u> | | | |
| County: <u>WELD</u> | | | | |
| Location: QTRQTR: <u>SWNW</u> | Sec: <u>21</u> | Twp: <u>4N</u> | Rng: <u>66W</u> | Meridian: <u>6</u> |
| | Lat: <u>40.298942</u> | Long: <u>-104.789700</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: 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 accidental fire occurred at the Kissler 12-21 facility on Friday, December 24th at approximately 9:10am. Excess fluid within an ECD caught fire. Emergency services were dispatched however PDC employees were able to put out the fire without needing the assistance of the fire department. There were no injuries. 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 |
|------------|-------------|--------------|----------|
| 12/24/2021 | COGCC/State | Mike Leonard | By email |
| 12/24/2021 | Weld County | Dave Burns | By email |
| 12/24/2021 | Weld County | Jason Maxey | By email |
| 12/24/2021 | Weld County | Roy Rudisill | By email |

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: 12/27/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

| | |
|-------|---|
| | Prior to February 27, 2022 provide root cause. Include documentation of policies procedures, practices and training implemented to prevent future occurrences |
| 1 COA | |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

Attachment List

Att Doc Num

Name

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

Total Attach: 0 Files