

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:
12/28/2021

Accident Tracking No.:
402909230

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☐ Initial Notice of Accident ☒ Subsequent Notice of Accident

OGCC Operator Number: 46290 Contact Name: Jeff Rickard
Name of Operator: KP KAUFFMAN COMPANY INC Phone: (303) 8254822
Address: 1675 BROADWAY, STE 2800 Fax: ()
City: DENVER State: CO Zip: 80202 Email: jrickard@kpk.com

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

Date of Accident: 11/30/2021 Time of Accident: 6:20 PM
API Number: 05- 123-23789 Facility ID: Type of Facility: WELL
Well/Facility Name: ANDERSON Well/Facility Num: 13-32
County: WELD
Location: QTRQTR: SWSW Sec: 32 Twp: 4N Rng: 67W Meridian: 6
Lat: 40.264330 Long: -104.920420
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: 402883564
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: 402883564

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: Farm Equipment (tractor) struck wellhead.

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.

Farmer struck well head in a harvested field (crop was removed) during soil tilling for next season.

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

Per COA's on initial Form 22:

- 1) Detailed description of what portions of the wellhead were damaged and how well control was re-established.
The tractor struck the wellhead damaging the Lubricator, Piping coming of the casing, and damaging the Bradenhead.
The Lubricator leak was immediately stopped by closing the master valve on the wellhead.
The casing piping leak was stopped by stabbing on new nipple with a valve.
The Bradenhead was a near total loss, but no pressure was on the Bradenhead.
- 2) What actions have been of will be taken to permanently correct damage.
Currently the master valve is closed, and a new lubricator is going to be installed. All damaged casing piping has been completely replaced. The Bradenhead has been completely replaced.
- 3) Narrative as to why incident was not reported to COGCC within 6 hours as required by Rule 602 h
Incident happened after business hours and was reported to COGCC the next morning via Form 19 by 830AM after the 6-hour rule requirement.
- 4) Narrative as to why incident was not reported via Form 22 within 3 days as required as required by Rule 602 h
KPK is committed to compliance with all COGCC rules and admits the lateness of this form was an oversight.
- 5) Documentation of policies, procedure and training implemented to ensure reporting is performed in a manner complaint with Rule.
KPK compliance plan was updated, abbreviated compliance plan attached.

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: Jeff Rickard Email: jrickard@kpk.com
Signature: _____ Title: Regulatory Date: 12/28/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

0 COA

Attachment List

Att Doc Num **Name**

402910166	OTHER
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Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)

