

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:
01/11/2022

Accident Tracking No.:
402922747

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10633 Contact Name: Schuyler Hamilton
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (720) 925-1820
Address: 1801 CALIFORNIA STREET #2500 Fax: ()
City: DENVER State: CO Zip: 80202 Email: Shamilton@civiresources.com

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

Date of Accident: 01/11/2022 Time of Accident: 9:05 AM
API Number: 05- Facility ID: 331492 Type of Facility: LOCATION
Well/Facility Name: lone 2N66W/8NWNE Well/Facility Num: Battery
County: WELD
Location: QTRQTR: NWNE Sec: 8 Twp: 2N Rng: 66W Meridian: 6
Lat: 40.158620 Long: -104.799520
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: 402922751
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:

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

During hot oiling of a dump line, the dump line failed causing a release of gas and liquids which ignited inside the separator cabinet. Incident Command was setup and the separator was isolated. Upon isolation, the fire was extinguished. The root cause was due to corrosion on the dumpline inside the separator cabinet.

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
01/11/2022	Gilcrest Fire Department		Arrived onsite. No additional steps were taken by fire department.
01/11/2022	Fort Lupton Fire Department		Arrived onsite. No additional steps were taken by fire department.

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: Schuyler Hamilton

Email: Shamilton@civiresources.com

Signature: _____

Title: Environmental Specialist

Date: 01/11/2022

COA Type	Description
	Prior to February 15, 2022 provide subsequent Form 22 with documentation of policies, procedures, practices and training implemented to prevent future occurrences
1 COA	

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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**

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Total Attach: 0 Files