

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:

01/15/2022

Accident Tracking No.:

402926739

## ACCIDENT REPORT

As required by Rule 602.f.

### CONTACT INFORMATION

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>10110</u>	Contact Name: <u>Ben Huggins</u>
Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(303) 332-4548</u>
Address: <u>1001 17TH STREET #2000</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bhuggins@gwp.com</u>

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

Date of Accident: <u>01/13/2022</u>	Time of Accident: <u>4:40 AM</u>	
API Number: <u>05-</u>	Facility ID: <u>451448</u>	Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>Raindance Offsite Completions Pad</u>	Well/Facility Num: _____	
County: <u>WELD</u>		
Location: QTRQTR: <u>NWNW</u> Sec: <u>29</u> Twp: <u>6N</u> Rng: <u>67W</u> Meridian: <u>6</u>		
	Lat: <u>40.463092</u> Long: <u>-104.924244</u>	
Field Name: _____	Field Number: _____	

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.

At approximately 4:40 AM on January 13, 2022, a small fire was observed on the exhaust manifold of a pump. It was isolated to the manifold and put out immediately, with no damage. There were no injuries. It was determined that fuel buildup caused a small flash in the exhaust when the pump was started up. The pump has been removed from service for inspection to ensure proper operation.

**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
01/13/2022	Weld County	Jason Maxey	
01/13/2022	Weld County	Roy Rudisill	
01/13/2022	COGCC	Mike Leonard	

**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: Ben Huggins Email: bhuggins@gwp.com

Signature: \_\_\_\_\_ Title: EHS Date: 01/15/2022

**CONDITIONS OF APPROVAL, IF ANY:**

**Condition of Approval**

**COA Type**

**Description**

0 COA	
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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Field Operations	Root cause has been established and equipment removed from service no further documentation needed	01/18/2022

Total: 1 comment(s)

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## Attachment List

**Att Doc Num**

**Name**

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

Total Attach: 0 Files