

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:
03/14/2022

Accident Tracking No.:
402983311

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10459</u>	Contact Name: <u>Danny Knutson</u>
Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(970) 309-7510</u>
Address: <u>370 17TH STREET SUITE 5200</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>dknutson@civiresources.com</u>

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

Date of Accident: <u>03/12/2022</u>	Time of Accident: <u>4:38 PM</u>
API Number: 05- <u>014-20768</u>	Facility ID: _____
Well/Facility Name: <u>INTERCHANGE A</u>	Type of Facility: <u>WELL</u>
County: <u>BROOMFIELD</u>	Well/Facility Num: <u>S22-30-7C</u>
Location: QTRQTR: <u>SWNW</u> Sec: <u>10</u> Twp: <u>1S</u> Rng: <u>68W</u> Meridian: <u>6</u>	
	Lat: <u>39.980305</u> Long: <u>-104.993128</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? Yes

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

Microblaze firefighting foam was utilized on the fire. Approximately 5 gallons of the foam was used to extinguish the fire inside of the combustor. This foam was a non PFAS Foam.

Detailed Description of Accident:

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

Drilling operations was preparing to drill the curve of the well and during the process, switched the flow to the 'gas buster' vessel. During operations the bottom return line of the the gas buster vessel was plugged. This resulted in the filling of the vessel and carrying over 1bbl of drilling mud to the combustor and ingnited inside of the combustor.

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
03/12/2022	COGCC	Mike Leonard	Notified at 6:13PM.
03/12/2022	North Metro Fire District		Responded to incident. Deployed firefighting foam.
03/12/2022	City of Broomfield	David Skari	Showed up onsite. Completed their investigation.

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: Danny Knutson Email: dknutson@civiresources.com

Signature: _____ Title: EHS Date: 03/14/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

	Prior to May 14, 2022 provide Subsequent Form 22 documenting actions taken to prevent future occurrences. Include documentation of any policies, practices, procedures and training implemented as well
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

Total Attach: 0 Files