

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:
04/14/2022

Accident Tracking No.:
403015258

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>47120</u>	Contact Name: <u>Lynna Scranton</u>
Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 9296317</u>
Address: <u>P O BOX 173779</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>lynna_scranton@oxy.com</u>

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

Date of Accident: <u>04/14/2022</u>	Time of Accident: <u>12:19 AM</u>
API Number: 05- <u>123-51596</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>SBJ</u>	Well/Facility Num: <u>13-10HZ</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWNW</u> Sec: <u>13</u> Twp: <u>4N</u> Rng: <u>68W</u> Meridian: <u>6</u>	
	Lat: <u>40.314804</u> Long: <u>-104.956809</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.

Fire happened on a hydraulic fracturing location. The oil sensor failed on a pump and misted onto the turbo of the adjacent pump. Fire was extinguished with fire extinguishers prior to the arrival of Mountain View Fire. Root cause of event was equipment failure, specifically the oil sensor on the pump failed.

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
04/14/2022	Weld County OEM	Dave Burns	Requested a spill report.
04/14/2022	Mountain View Fire		Responded to location; no action needed.

OPERATOR COMMENTS and SUBMITTAL

Root cause included in Description. Please advise if supplemental report is needed.

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: Lynna Scranton Email: lynna_scranton@oxy.com

Signature: _____ Title: HSE Manager Date: 04/14/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

0 COA	
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Field Operations	Root cause has been addressed no further documentation required	04/14/2022

Total: 1 comment(s)

Attachment List

Att Doc Num

Name

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

Total Attach: 0 Files