

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:
04/26/2022

Accident Tracking No.:
403028638

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

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

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

Date of Accident: <u>04/26/2022</u>	Time of Accident: <u>11:45 PM</u>
API Number: 05- <u>123-22678</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>OSKARSON</u>	Well/Facility Num: <u>13-33</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>NWSW</u> Sec: <u>33</u> Twp: <u>2N</u> Rng: <u>68W</u> Meridian: <u>6</u>	
	Lat: <u>40.092868</u> Long: <u>-105.015542</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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
If YES, enter the Document Number of the Initial Spill/Release Report, Form 19:	<u>403028643</u>
Was there a Grade 1 Gas Leak associated with this accident ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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: <u>0</u>
Number of workers injured: <u>0</u>
Number of general public fatalities: <u>0</u>
Number of worker fatalities: <u>0</u>

Type of Accident (check all that apply):

<input type="checkbox"/> Fire
<input type="checkbox"/> Explosion
<input type="checkbox"/> Detonation
<input type="checkbox"/> Uncontrolled Release
<input type="checkbox"/> Vandalism
<input type="checkbox"/> Terrorism
<input type="checkbox"/> Hazardous Chemical
<input checked="" type="checkbox"/> Other Description: <u>Damage to off-location flowline.</u>

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.

During routine hydro-testing on off-location flowline, testing indicated a failure in the flowline. Flowline had been shut-in and was not flowing. Upon further investigation, failure appears to be due to irrigation ditch cleaning that has occurred across the flowline. Investigation is ongoing to determine complete scope of damage.

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
04/26/2022	Weld County OEM		E-filed Notification.

OPERATOR COMMENTS and SUBMITTAL

This form is filed to report damage to oil and gas equipment by an unknown party. Flowline was discovered to be damaged as part of ditch cleaning operations.

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: 04/26/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

1 COA	Prior to May15,2022 provide subsequent Form 22 with root cause. Include documentation if 881 line locate was contacted and if so if response was made.
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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

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

Total Attach: 0 Files