

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:  
08/16/2022

Accident Tracking No.:  
403137289

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 46290

Contact Name: Ray Gorka

Name of Operator: KP KAUFFMAN COMPANY INC

Phone: (303) 8254822

Address: 1700 LINCOLN ST STE 4550

Fax: ( )

City: DENVER State: CO Zip: 80203

Email: rgorka@kpk.com

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

Date of Accident: 08/15/2022

Time of Accident: 11:00 AM

API Number: 05-                     

Facility ID: 317802

Type of Facility: LOCATION

Well/Facility Name: DAVID HOWARD-61N67W

Well/Facility Num: 28SESE

County: WELD

Location: QTRQTR: SESE

Sec: 28

Twp: 1N

Rng: 67W

Meridian: 6

Lat: 40.016700

Long: -104.888230

Field Name: SPINDLE

Field Number: 77900

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: Smoking firetube from oil getting into fuel line

**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:

A handheld ABC type extinguisher was used to put out a flame, after the power supply was shut off, fuel line closed. Fire Dept. on scene responding to smoke coming from site.

**Detailed Description of Accident:**

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

Ball in the volume pot did not properly seat and allowed oil to get into the gas only fuel supply line to the firetube.

**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
08/15/2022	Fire Dept.		Responded to smoke
08/16/2022	COGCC	Mike Leonard	discussed incident

**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: Ray Gorka Email: rgorka@kpk.com  
Signature: \_\_\_\_\_ Title: Env. Mngr. Date: 08/16/2022

**CONDITIONS OF APPROVAL, IF ANY:****Condition of Approval****COA Type****Description**

	Prior to October 17, 2022 submit subsequent Form 22 with documentation of policies, procedures, practices and training implemented to prevent future occurrences
1 COA	

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<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		



**Attachment List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files