

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:
10/10/2022

Accident Tracking No.:
403181917

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. An employee of KPK used an ABC extinguisher to put out the smoking fire tube.

Detailed Description of Accident:

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

Root cause is liquids were allowed to get into the fuel line which is designed for natural gas only. crude oil seeped into the fire tube creating the smoky plume.

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	Fort Lupton Fire Dept.		Showed up, left never got out of vehicle

OPERATOR COMMENTS and SUBMITTAL

Since the incident, KPK Well Service foremen and supervisors have come up with the following reminder protocol. It was made the topic of Daily meetings and everyone had it texted/emailed to them as well.

Lease Operators, "Pumpers"

Periodically ensure the Volume Pot Ball and SEAT are seating properly. This must be inspected/cleaned to prevent liquids from getting into the main burner fuel line for the treater's fire tube.

As needed per well/facility; Pull apart, wipe down to clean the ball and seat assembly in volume pot. Then flush any oil and water out of the volume pot to ensure proper, safe maintenance of volume pot and fuel line. Replace as necessary, but proper maintenance will go a long way to extending the life and safety of these assemblies.

Thank You
KPK

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. Reg. Compliance Date: 10/10/2022

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

0 COA

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
403192337	CORRESPONDENCE

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

