

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:
12/05/2022

Accident Tracking No.:
403249174

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 69175 Contact Name: Erin Dougherty
Name of Operator: PDC ENERGY INC Phone: (720) 688-0414
Address: 1775 SHERMAN STREET - STE 3000 Fax: ()
City: DENVER State: CO Zip: 80203 Email: erin.dougherty@pdce.com

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

Date of Accident: 12/04/2022 Time of Accident: 2:00 AM
API Number: 05- Facility ID: 432763 Type of Facility: LOCATION
Well/Facility Name: O Investment Properties Well/Facility Num: 6Y-HZ Pad
County: WELD
Location: QTRQTR: SESE Sec: 6 Twp: 6N Rng: 65W Meridian: 6
Lat: 40.511090 Long: -104.697920
Field Name: EATON Field Number: 19350

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.

I am writing to report a small accidental fire that occurred at PDC's O Investment Properties facility. The EHS department was notified @ 10:17am, however we do not have an exact time of the incident. The equipment was found this morning when the PDC pumper arrived on location. We estimate time of fire between 12am-5am this morning. A CSI/Compressco compressor was found to have caught fire overnight. The fire had extinguished itself prior to being found by the PDC employee. There were no injuries. An internal investigation is underway.

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

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: Erin Dougherty Email: erin.dougherty@pdce.com

Signature: _____ Title: Safety Representative Date: 12/05/2022

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to February 6, 2023 provide subsequent Form 22 with root cause. Include documentation of policies, procedures , practices and training implemented to prevent future occurrences
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**

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Total Attach: 0 Files