

FORM
22
Rev
01/20

State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
08/07/2023

Accident Tracking No.:
403488842

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>3104</u>	Contact Name: <u>Schuyler Hamilton</u>
Name of Operator: <u>ANSCHUTZ EXPLORATION CORP</u>	Phone: <u>(303) 299-1599</u>
Address: <u>555 17TH ST STE 2400</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>Schuyler.Hamilton@aec-denver.com</u>

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

Date of Accident: <u>08/07/2023</u>	Time of Accident: <u>9:30 AM</u>			
API Number: 05- _____	Facility ID: <u>478540</u>	Type of Facility: <u>OFF-LOCATION FLOWLINE</u>		
Well/Facility Name: <u>Production Line</u>	Well/Facility Num: _____			
County: <u>RIO BLANCO</u>				
Location: QTRQTR: <u>NWNE</u>	Sec: <u>36</u>	Twp: <u>3N</u>	Rng: <u>97W</u>	Meridian: <u>6</u>
	Lat: <u>40.190933</u>	Long: <u>-108.227839</u>		
Field Name: _____	Field Number: _____			

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.

During gathering line construction operations, an active 4" pipeline was stuck by equipment operating in the ROW. Upon striking Anschutz owned line, line was immediately shut-in and bled down. The pipeline was exposed above ground prior to line strike and there were no fluid or soil impacts from the release of pressure. Line strike did not appear to present any additional hazards to people or property. Repairs to the pipeline and pressure testing will be completed prior to placing back into service.

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: Schuyler Hamilton Email: Schuyler.Hamilton@aec-denver.com

Signature: _____ Title: Env. Compliance Analyst Date: 08/07/2023

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
0 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

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

Total Attach: 0 Files