

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:  
**02/16/2024**

Accident Tracking No.:  
**403690163**

## ACCIDENT REPORT

As required by Rule 602.f.

### CONTACT INFORMATION

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>47120</u>	Contact Name: <u>Lynna Scranton</u>
Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6317</u>
Address: <u>P O BOX 173779</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>Lynna_Scranton@oxy.com</u>

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

Date of Accident: <u>02/15/2024</u>	Time of Accident: <u>11:30 PM</u>
API Number: 05- <u>123-52136</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>WARDELL</u>	Well/Facility Num: <u>7-8HZ</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWSW</u> Sec: <u>7</u> Twp: <u>3N</u> Rng: <u>65W</u> Meridian: <u>6</u>	
	Lat: <u>40.233466</u> Long: <u>-104.711508</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       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.

At approximately 11:30pm on February 15, 2024, flames were seen on our completion location in an area separate from our process. Fire extinguishers and a small amount of non-PFAS foam were applied. The Platteville Fire Department was called and responded, however, the fire was extinguished prior to their arrival. The fire department conducted a walk-through and applied a small amount of additional non-PFAS foam to insure no fire hazard remained. Initial indications are a rented flameless heater malfunctioned causing an ignition. The fire encountered nearby tarps and hydraulic oil which increased the fire. Further investigation into the flameless heater is ongoing. There were no injuries associated with this event.

**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
02/16/2024	ECMC	Mike Leonard	Verbal notification requirements to the ECMC were met.
02/16/2024	Weld County	Jason Maxey	Courtesy notification
02/15/2024	Platteville Fire Department	911	Responded to location

**OPERATOR COMMENTS and SUBMITTAL**

We were unable to populate the fire fighting foam text box. Non-PFAs firefighting foam was used to help extinguish the fire.

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: Lynna Scranton Email: Lynna\_Scranton@oxy.com

Signature: \_\_\_\_\_ Title: HSE Director Date: 02/16/2024

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	Prior to April 17, 2024 submit subsequent From 22 with root cause. Include documentation of type and amount of firefighting foam used. Also include documentation of policies, procedures, practices and training implemented to prevent future occurrences.
1 COA	

**Attachment List**

**Att Doc Num**

**Name**

403690163

ACCIDENT REPORT

Total Attach: 1 Files

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## General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)

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