

FORM
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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:
03/28/2024

Accident Tracking No.:
403734510

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 & 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.

Root Cause: The exhaust pipe from the greasing compressors came in contact with the flameless heater ducting and FR tarps utilized for heating during winter conditions. The exhaust temperature exceeded the heater ducting temperature rating causing the fire. Additionally the FR tarps were soiled with hydrocarbons allowing them to catch fire.

Corrective Actions: Compressor skid inspection- A documented inspection process to ensure safe operation of grease compressor skids and their placement on the location. Design a functional fit-for-purpose enclosure for compressor skids during winter-time operations.

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

OPERATOR COMMENTS and SUBMITTAL

Root cause and corrective actions added.

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: Rockies HSE Director Date: 03/28/2024

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

0 COA	
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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