

FORM  
22

Rev  
06/18

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:  
11/10/2018

Accident Tracking No.:  
401835287

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>10071</u>	Contact Name: <u>Rusty Frishmuth</u>
Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Phone: <u>(303) 2939100</u>
Address: <u>1099 18TH ST STE 2300</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rfrishmuth@hpres.com</u>

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

Date of Accident: <u>11/10/2018</u>	Time of Accident: <u>9:45 PM</u>			
API Number: <u>05-</u>	Facility ID: <u>429258</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>70 Ranch Pad</u>	Well/Facility Num: <u>5-63-22-58H</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>NENE</u>	Sec: <u>22</u>	Twp: <u>5N</u>	Rng: <u>63W</u>	Meridian: <u>6</u>
	Lat: <u>40.391390</u>	Long: <u>-104.415110</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 Grade 1 Gas Leak 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

Other      Description: \_\_\_\_\_

**Detailed Description of Accident:**

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

At 10:21 pm on 11/10/18 HPOC employees were notified by the employees of another operator that there had been a compressor fire at the 70 Ranch 5-63-22-58H pad. The source of fire is currently under investigation. Platte valley fire department was dispatched and extinguished the fire. Platte Valley mobilized and had extinguished the fire before HPOC was notified so exact time of incident is an estimate. No injuries or spills occurred as a result of this incident.

**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: Dustin Watt Email: dwatt@hpres.com  
 Signature: \_\_\_\_\_ Title: Sr. EHS Specialist Date: 11/10/2018

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	Prior to January 15, 2019 provide Subsequent Form 22 with root cause. Include documentation of policies, procedures, practices or training implemented to prevent future occurrences. With Subsequent Form 22 also include notification and Response agencies list in Notification and Responders tab of form.
--	--

**Attachment Check List**

**Att Doc Num**

**Name**

--	--

Total Attach: 0 Files

---

**General Comments**

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

Total: 0 comment(s)

---

]