

FORM
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Rev
05/13

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:
06/08/2018

Accident Tracking No.:
401668361

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10459</u>	Contact Name: <u>Blake Ford</u>
Name of Operator: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(970) 778-5956</u>
Address: <u>370 17TH STREET SUITE 5300</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bford@extractionog.com</u>

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: <u>06/07/2018</u>	Time of Accident: <u>07:00 PM</u>
API Number: 05- <u>123-46055</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>Milkshake</u>	Well/Facility Num: <u>31W-20-2N</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWSW</u> Sec: <u>32</u> Twp: <u>6N</u> Rng: <u>67W</u> Meridian: <u>6</u>	
	Lat: <u>40.439135</u> Long: <u>-104.924296</u>
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</u>

DESCRIPTION

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail):

A contract worker was involved in an OSHA reportable event as a result of a compromised bypass hose. An investigation is underway to determine causal factors and lessons learned.

OTHER NOTIFICATIONS

List the parties and agencies notified (LDG, County, BLM EPA, DOT, Local Emergency Planning Coordinator or others)

Date	Agency	Contact	Response
06/07/2018	COGCC	Mike Leonard	Site visit on 06/08/2018.

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: Blake Ford Email: bford@extractionog.com

Signature: _____ Title: Environmental Coordinator Date: 06/08/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Within sixty (60) days provide root cause of the incident. Provide documentation of policies, practices, procedures and training implements to prevent future occurrences of this nature
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General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

401668361	ACCIDENT REPORT
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Total Attach: 1 Files