

**FORM  
22**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:  
**03/11/2015**Accident Tracking No.:  
**400805786****ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**☐ Initial Notice of Accident ☒ Subsequent Notice of Accident

OGCC Operator Number: <u>10112</u>	Contact Name: <u>Caitlin O'Hair</u>
Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Phone: <u>(918) 526-5591</u>
Address: <u>16000 DALLAS PARKWAY #875</u>	Fax: <u>(918) 585-1660</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248-6607</u>	Email: <u>regulatory@foundationenergy.com</u>

**DESCRIPTION OF ACCIDENT**(Please be as specific as possible)

Date of Accident: <u>03/05/2015</u>	Time of Accident: <u>6:30 AM</u>
API Number: 05- <u>123-10760</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>MARJORIE STEINBECK</u>	Well/Facility Num: <u>1</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SESE</u> Sec: <u>32</u> Twp: <u>1N</u> Rng: <u>64W</u> Meridian: <u>6</u>	
	Lat: <u>40.003290</u> Long: <u>-104.568780</u>
Field Name: <u>BANNER LAKES</u>	Field Number: <u>5195</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):

Around 6:00 AM, a small fire was discovered coming from the burner system. The fire appeared to be no more than 2 hands big and was coming from a hole in the fire tube. Upon discovery, the pumper called 911. The Fire Department arrived 10 minutes later and found flames coming out from the fire tube air intake. They close the pilot valve and the fire went out. There were no injuries.

We believe the treater developed a hole in the fire tube and water/oil leaked into the burner area and ignited.

Foundation will continue to routinely inspect the system to make sure it is running properly and will not cause another fire to occur at the site.

**OTHER NOTIFICATIONS**

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

Date	Agency	Contact	Response
03/05/2015	COGCC	Margaret Ash	Contacted via phone and she recorded the initial report.

**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: Caitlin O'Hair

Email: regulatory@foundationenergy.com

Signature: \_\_\_\_\_

Title: HSE/Regulatory Tech

Date: 03/11/2015

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

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**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files