

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:
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: _____
Well/Facility Name: <u>MARJORIE STEINBECK</u>	Type of Facility: <u>WELL</u>
County: <u>WELD</u>	Well/Facility Num: <u>1</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

<u>COA Type</u>	<u>Description</u>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files