

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:  
08/03/2015

Accident Tracking No.:  
400878507

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 6720 Contact Name: JOHN THOMAS  
Name of Operator: BAYLESS PRODUCER, LLC\* ROBERT L Phone: (505) 3262659  
Address: P O BOX 168 Fax: (505) 3266911  
City: FARMINGTON State: NM Zip: 87499 Email: JTHOMAS@RLBAYLESS.COM

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 08/03/2015 Time of Accident: 8:00 AM  
API Number: 05- 081-05169 Facility ID: \_\_\_\_\_ Type of Facility: CDP  
Well/Facility Name: GOV'T-POHLMAN Well/Facility Num: 1  
County: MOFFAT  
Location: QTRQTR: NWNW Sec: 15 Twp: 4N Rng: 91W Meridian: 6  
Lat: 40.326450 Long: -107.600410  
Field Name: MOFFAT Field Number: 55700

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 fire was discovered at the treater building for the Government Pohlman CDP by our lease operator, Mike Graf (970) 629-1272.  
The CDP is located 225' FNL & 260' FWL of Sect. 15-T4N-R91W  
Lat 40.337806 Long -107.604375  
There are no spills.  
The fire department initial assessment is this was caused by a lightning strike.  
The Govt. Pohlman #1 & #2 wells are shut in until treater can be inspected. Damage primarily on building.

OTHER NOTIFICATIONS

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

| Date       | Agency | Contact          | Response  |
|------------|--------|------------------|---|
| 08/03/2015 | BLM    | CRAIG WILLIAMSON | Will get back with us if they need any further information. |

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: HELEN TRUJILLO Email: NOTICES@RLBAYLESS.COM  
Signature: \_\_\_\_\_ Title: REPORT AUTHORIZER Date: 08/03/2015

**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