

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

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

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