

**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:
10/04/2016Accident Tracking No.:
401121908**ACCIDENT REPORT**

As required by Rule 602.b.

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

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

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 10/02/2016 Time of Accident: 9:00 AM
API Number: 05- 123-20272 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: FEDERAL OSPREY Well/Facility Num: 35-3
County: WELD
Location: QTRQTR: NENW Sec: 35 Twp: 8N Rng: 60W Meridian: 6
Lat: 40.622480 Long: -104.061270
Field Name: CROW Field Number: 13600

DESCRIPTION

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

On 10/2/2016 at 9:00 AM, we were starting up the pumping unit engine when it backfired and caught a filter, on top of the carburetor, on fire. The fire department was called immediately, but we were able to put out the small fire before they arrive. There was very minimal damage done.

Upon further investigation, the cause of the backfire was due to leaving the fuel gas valve open to the engine while starting.

We plan to put up signs inside the engine house, as a reminder to close off fuel gas valves when restarting the engines.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
10/02/2016	COGCC	Voicemail	No response when calling the main COGCC #. Tried again on 10/3/2016 and was able to talk to someone to make sure the fire got reported.

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: 10/04/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Operator shall submit with subsequent report Form 22 what policies and procedures have been implemented, including training to prevent future occurrences
--	---

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files