

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:
10/04/2016

Accident Tracking No.:
401121908

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

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

| | | |
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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

| | |
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Total Attach: 0 Files