

**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:
11/22/2017Accident Tracking No.:
401466990**ACCIDENT REPORT**

As required by Rule 602.b.

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

OGCC Operator Number: 10359

Contact Name: Marshall Hall

Name of Operator: WARD PETROLEUM CORPORATION

Phone: (970) 4494634

Address: 215 WEST OAK STREET #1000

Fax: ()

City: FORT COLLINS State: CO Zip: 80521

Email: marshall@wardpetroleumfc.com

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 11/20/2017

Time of Accident: 9:07 PM

API Number: 05-

Facility ID: 450193

Type of Facility: LOCATION

Well/Facility Name: Ritchey

Well/Facility Num: 26

County: WELD

Location: QTRQTR: NWNW

Sec: 26

Twp: 1N

Rng: 66W

Meridian: 6

Lat: 40.027606

Long: -104.750392

Field Name:

Field Number:

DESCRIPTION

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

At approximately noon on November 21st, Ward Petroleum confirmed at a newly commissioned oil and gas production site that a malfunction of a production vessel led to an over-pressurization of a new and empty 538 bbl storage tank which resulted in the lid of the tank being compromised. It is estimated this occurred at approximately 9pm on November 20th. The site, known as the Ritchey pad, is located in section 26 of 1N 66W, in Weld County. The well(s) at the site were immediately closed in. There were no injuries, environmental issues, or offsite property damage. There were no hydrocarbon spills or releases. The wells at the site will be closed in until equipment repairs have been made and a more thorough review of the incident has been completed.

More details will be provided on a subsequent report.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
11/22/2017	COGCC	Stuart Ellsworth	File form 22, complete root cause analysis and determine reason for accident. Share with COGCC for assistance with better practices.

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: Marshall Hall

Email: marshall@wardpetroleumfc.com

Signature:

Title: Petroleum Engineer

Date: 11/22/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

Submit Form 22 Accident Report Subsequent Notice Prior to December 31, 2017.
Include root cause analysis of incident, procedures, policies and training implemented
to prevent future incidents of this nature.

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

Total Attach: 0 Files