

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:
11/28/2017

Accident Tracking No.:
401469075

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10359</u>	Contact Name: <u>Marshall Hall</u>
Name of Operator: <u>WARD PETROLEUM CORPORATION</u>	Phone: <u>(970) 4494634</u>
Address: <u>215 WEST OAK STREET #1000</u>	Fax: <u>()</u>
City: <u>FORT COLLINS</u> State: <u>CO</u> Zip: <u>80521</u>	Email: <u>marshall@wardpetroleumfc.com</u>

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: <u>11/20/2017</u>	Time of Accident: <u>9:07 PM</u>
API Number: <u>05-</u>	Facility ID: <u>450193</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>Ritchey</u>	Well/Facility Num: <u>26</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>NWNW</u> Sec: <u>26</u> Twp: <u>1N</u> Rng: <u>66W</u> Meridian: <u>6</u>	
	Lat: <u>40.027606</u> Long: <u>-104.750392</u>
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):

To determine the root-cause of the over pressuring on the tank, a thorough analysis of the facility was performed. The analysis included a walkthrough of the system to confirm the process flow. It also included a review of the impact of the over pressure. This assisted in understanding both the cause and effect on the system.

Following this review, the root-cause of the failure was determined to be incorrectly installed piping at an emission control device (ECD). This allowed gas to migrate upstream where it combusted inside a liquid knock-out vessel, resulting in a pressure wave that reached the new and empty stock tank via a tank vent line. The lid of the tank was removed and fell to the ground nearby. The well flow and facility were immediately shut down. There were no injuries to personnel onsite, no hydrocarbon emissions, and no visible flames.

To prevent events such as this from occurring in the future additional routine start-up verification will be performed on the entire system to ensure process flow is understood and proper plumbing is confirmed. In particular, additional checks will be employed on systems that undergo a design modification that requires management of change. Flame arrestors will also be installed on the high side of the ECD for additional prevention.

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: 11/28/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files