

FORM  
22

Rev  
06/18

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:  
**10/30/2018**

Accident Tracking No.:  
**401814000**

**ACCIDENT REPORT**

As required by Rule 602.d.

**CONTACT INFORMATION**

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>10670</u>	Contact Name: <u>Dustin Dyk</u>
Name of Operator: <u>MALLARD EXPLORATION LLC</u>	Phone: <u>(720) 543-9454</u>
Address: <u>1400 16TH STREET SUITE 300</u>	Fax: <u>(720) 543-7970</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>ddyk@mallardexploration.com</u>

**ACCIDENT DATE, TIME, and LOCATION** (Please be as specific as possible)

Date of Accident: <u>10/27/2018</u>	Time of Accident: <u>9:00 AM</u>			
API Number: 05- _____	Facility ID: <u>456368</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>Khaki Campbell East</u>	Well/Facility Num: <u>Pad</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>SWSE</u>	Sec: <u>24</u>	Twp: <u>8N</u>	Rng: <u>62W</u>	Meridian: <u>6</u>
	Lat: <u>40.641029</u>		Long: <u>-104.263624</u>	
Field Name: <u>WILDCAT</u>	Field Number: <u>99999</u>			

Was there a reportable E & P waste spill or release associated with this accident?      Yes       No

If YES, enter the Document Number of the Initial Spill/Release Report, Form 19: \_\_\_\_\_

Was there a Grade 1 Gas Leak associated with this accident ?      Yes       No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report, Form 44: \_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

Number of members of the general public injured: 0

Number of workers injured: 3

Number of general public fatalities: 0

Number of worker fatalities: 0

**Type of Accident (check all that apply):**

Fire

Explosion

Detonation

Uncontrolled Release

Other      Description: \_\_\_\_\_

**Detailed Description of Accident:**

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

A team of contractors was working on the Khaki Campbell East facility location.

The contractors were working on an oil storage tank. The storage tank was not in service because there is currently no active production at the location.

A contractor was attempting to remove the bolts from the clean out plate using a power tool. While not in service, the tank contained oil residue and vapor, which were ignited by sparks. Three contract employees were injured and transported to the hospital.

The Briggsdale Volunteer Fire Department responded immediately to extinguish the fire and the incident was contained to the facility pad site.

**OTHER NOTIFICATIONS**

List all parties and agencies that were notified or responded to the accident. (For example: Local Government Designee, Municipality, County, BLM, EPA, CDOT, Local Emergency Planning Coordinator, etc.)

Date	Agency	Contact	Response
10/27/2018	Weld County Sheriff Department	970-356-4015	Site security and logistics
10/27/2018	Colorado Oil and Gas Conservation Commission	Mike Leonard	Notification, on-site investigation
10/27/2018	Briggsdale Volunteer Fire District	Chief James Dilka (970-565-3503)	Helped extinguish tank fire
10/27/2018	OSHA	Tandy Zitkus (303-844-5285 x119)	Notification
10/27/2018	Weld County Local Government Designee	Jason Maxey (970-400-3579)	Notification

**OPERATOR COMMENTS and SUBMITTAL**

The surface owner was also notified.

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: Dustin Dyk Email: ddyk@mallardexploration.com  
 Signature: \_\_\_\_\_ Title: COO Date: 10/30/2018

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	Prior to December 27, 2018 submit Subesquent Accident Report Form 22 documenting root cause of incident. Provide detailed documentation of practices, policies, procedures and training implemented to prevent future occurances of this nature.
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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

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## Attachment Check List

**Att Doc Num**

**Name**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files