



**Detailed Description of Accident:**

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

During P&A Operations rig crew was working to bullhead the well. Initial attempts were unsuccessful because of well pressure and fluid content. The crew decided to flow the well to bleed off the pressure. All ignition sources were shut down and the well was flowed through a pump choke into an open top work tank. At some point there was a hydrocarbon ignition near the gas buster on the end of the work tank.

The crew evacuated to the muster area and notified Emergency Services. The fire department from Windsor/ Severance arrived and extinguished the fire with AFFF at approximately 15:15.

**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

**OPERATOR COMMENTS and SUBMITTAL**

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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: Bryan Mickiewicz

Email: Bryan.Mickiewicz@nblenergy.com

Signature: \_\_\_\_\_

Title: EHSR Manager

Date: 11/15/2018

**CONDITIONS OF APPROVAL, IF ANY:****COA Type****Description**

	Prior to January 16, 2019 submit subsequent Accident Report Form 22 with root cause, documentation of procedures, policies and training implemented to prevent future occurrences of this nature. Also include notifications made in Notifications tab of report
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**Attachment Check List****Att Doc Num****Name**

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Total Attach: 0 Files

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<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		

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