

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:
01/24/2019

Accident Tracking No.:
401917179

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☐ Initial Notice of Accident ☒ Subsequent Notice of Accident

OGCC Operator Number: 10447 Contact Name: Tara Mall
Name of Operator: URSA OPERATING COMPANY LLC Phone: (970) 6182155
Address: 1600 BROADWAY ST STE 2600 Fax: (970) 6259929
City: DENVER State: CO Zip: 80202 Email: tmall@ursaresources.com

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

Date of Accident: 11/20/2018 Time of Accident: 0714 AM
API Number: 05- 103-12304 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: BOIES RANCH B-19N Well/Facility Num: FED 23C-19-2-97
County: RIO BLANCO
Location: QTRQTR: SESW Sec: 19 Twp: 2S Rng: 97W Meridian: 6
Lat: 39.857512 Long: -108.328250
Field Name: SULPHUR CREEK Field Number: 80090

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: 1
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: Struck by

Detailed Description of Accident:

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

Contractor was running surface casing, while bringing down a joint of 9 5/8 casing, IW stepped in between the skate and stump, to set the slips. IW was taken to an area medical facility.

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: Tara Mall Email: tmall@ursaresources.com

Signature: _____ Title: H&S Manager Date: 01/24/2019

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

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Attachment Check List**Att Doc Num****Name**

401917211

ROOT CAUSE

Total Attach: 1 Files

<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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