

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:
01/28/2019

Accident Tracking No.:
401920764

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10661</u>	Contact Name: <u>Abigail Wenk</u>
Name of Operator: <u>BISON OIL & GAS II LLC</u>	Phone: <u>(720) 6446997</u>
Address: <u>518 17TH STREET #1800</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>awenk@bisonog.com</u>

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

Date of Accident: <u>01/08/2019</u>	Time of Accident: <u>12:00 PM</u>
API Number: <u>05-</u>	Facility ID: <u>432352</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>State 16-7-60</u>	Well/Facility Num: <u>1H</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWSW</u> Sec: <u>16</u> Twp: <u>7N</u> Rng: <u>60W</u> Meridian: <u>6</u>	
	Lat: <u>40.568730</u> Long: <u>-104.105290</u>
Field Name: <u>DJ HORIZONTAL NIOBRARA</u>	Field Number: <u>16950</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: 0

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 possible ember from soot on the flare stack may have blown off the pad and into the grass off location causing a small grass fire. The fire department was contacted and the fire was quickly contained. Updates to the facility include:

1. The well was shut in immediately, and remains shut in until a new plan is approved for controlling gas.
2. The flare stack was removed from service and will no longer be utilized for the pad.
3. Bison has submitted a request to the CDPHE to send produced gas through an ECD that is on location that is currently being utilized to control tank vapors. The ECD was tested and worked fine, but has been shut in while waiting on a new air permit.
4. Bison has reached a settlement agreement with the grazing lease holder to compensate them for damages.

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

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: Ariana Solis Email: asolis@bisonog.com

Signature: _____ Title: Regulatory Analyst Date: 01/28/2019

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

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

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Information Systems	By description it is unclear if flare stack soot was cause of fire. Bison should inspect all flares stacks, combustion units and emission control devices at regular intervals for build up of soot and ensure proper function of equipment.	01/31/2019

Total: 1 comment(s)

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