

FORM
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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:
10/11/2019

Accident Tracking No.:
402203510

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: 10112	Contact Name: Gerald Lauer
Name of Operator: FOUNDATION ENERGY MANAGEMENT LLC	Phone: (970) 6304330
Address: 5057 KELLER SPRINGS RD STE 650	Fax: ()
City: ADDISON State: TX Zip: 75001	Email: glauer@foundationenergy.com

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

Date of Accident: 10/08/2019	Time of Accident: 1500 PM
API Number: 05- 125-07689	Facility ID: _____
Well/Facility Name: GODSEY	Type of Facility: WELL
County: YUMA	Well/Facility Num: 42-29
Location: QTRQTR: SENE	Sec: 29 Twp: 1N Rng: 45W Meridian: 6
	Lat: 40.025790 Long: -102.418770
Field Name: REPUBLICAN	Field Number: 73275

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.

Pumper was driving down lease road and saw that the meter shed building had black coloring on it and noticed heat waves emitting from the building. The pumper closed the valves and called the fire department to cool the building down.

Foundation has contacted the dealer for catalytic heaters and told them the scenario, which is being reviewed by the head safety officer.

Foundation believes that the root cause was a regulator that was washed out and letting too much gas into the heater. With the excess gas going in to the heater, it got hotter and hotter until the materials inside the building began to burn.

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: Alyssa Beard Email: abeard@foundationenergy.com
 Signature: _____ Title: EHS Manager Date: 10/11/2019

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to December 23, 2019 provide root cause. Provide documentation of policies, procedures, practices and training implemented to prevent future occurrences
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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)

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