

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:
11/06/2019

Accident Tracking No.:
402232274

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 95620 Contact Name: Steven James
Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 893-2438
Address: 1165 DELAWARE STREET #200 Fax: (303) 629-5735
City: DENVER State: CO Zip: 80204 Email: steve@westernoperating.com

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

Date of Accident: 11/04/2019 Time of Accident: 9:00 AM
API Number: 05- 075-09212 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: PROPST Well/Facility Num: 2
County: LOGAN
Location: QTRQTR: NESE Sec: 27 Twp: 11N Rng: 53W Meridian: 6
Lat: 40.896470 Long: -103.268720
Field Name: BONANZA-NORTH Field Number: 7167

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: 402232216

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.

There was a fire at the Propst B2 on 11/4/19. After further inspection it was found that the burner assembly in the heater treater failed causing the gas supply line to the burner to catch fire. This resulted in the building around the treater to catch fire and burn too. Please note that there was no fluid (drip gas or oil) found in the volume tanks or remaining gas lines, bringing me to this conclusion. Pumper turned well off.

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
11/04/2019	Logan County Assessor	Brad Hoffmeister	Thank You!
11/04/2019	COGCC	Mike Leonard	Instructions
11/04/2019	COGCC	Kym Schure	Instructions

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: Steven D. James Email: steve@westernoperating.com
Signature: _____ Title: President Date: 11/06/2019

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

	Prior to January 6, 2020 provide subsequent Form 22 with documentation of policies, practices and procedures implemented to prevent future occurrences
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Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 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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