

FORM
22

Rev
01/20

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:
06/18/2020

Accident Tracking No.:
402425728

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10725 Contact Name: STUART BOWER
Name of Operator: VALKYRIE OPERATING LLC Phone: (307) 388-4848
Address: 1600 STOUT STREET SUITE 1000 Fax: (307) 333-0364
City: DENVER State: CO Zip: 80202 Email: sbower@valkyrieoperating.com

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

Date of Accident: 06/14/2020 Time of Accident: 9:00 PM
API Number: 05- Facility ID: 446567 Type of Facility: UIC WATER TRANSFER
Well/Facility Name: Government Disposal Facility Well/Facility Num: C-1041
County: RIO BLANCO
Location: QTRQTR: NWNE Sec: 25 Twp: 2N Rng: 102W Meridian: 6
Lat: 40.119502 Long: -108.790612
Field Name: RANGELY Field Number: 72370

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 Spill/Release Report, Form 19: _____

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.

OIL DUMP FAILED TO DUMP OIL TO PRODUCTION TANKS. THIS CAUSED TREATOR GAS SYSTEM TO FILL WITH OIL, THUS, PUSHING OIL INTO BURN TUBE BURNER CAUSING THE FIRE.

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
06/14/2020	COGCC	RICK MORAN	
06/14/2020	RANGELY SHERIFF		
06/14/2020	RANGELY FIRE DEPARTMENT		
06/14/2020	EMT	RICK MORAN	

OPERATOR COMMENTS and SUBMITTAL

FIRE INCIDENT

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: AMY RICHARDS Email: arichards@valkyrieoperating.com

Signature: _____ Title: OPERATIONS ADMINISTRATOR Date: 06/18/2020

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

	Operator has supplied description of incident. However root cause of equipment failure that would have prevented liquids from entering supply gas stream has not been addressed. Prior to August 20, 2020 provide root case, include documentation of policies, practices, procedures 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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