

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

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

Date of Accident: <u>06/14/2020</u>	Time of Accident: <u>9:00 PM</u>	
API Number: 05- _____	Facility ID: <u>446567</u>	Type of Facility: <u>UIC WATER TRANSFER</u>
Well/Facility Name: <u>Government Disposal Facility</u>	Well/Facility Num: <u>C-1041</u>	
County: <u>RIO BLANCO</u>		
Location: QTRQTR: <u>NWNE</u> Sec: <u>25</u> Twp: <u>2N</u> Rng: <u>102W</u> Meridian: <u>6</u>		
	Lat: <u>40.119502</u> Long: <u>-108.790612</u>	
Field Name: <u>RANGELY</u>	Field Number: <u>72370</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 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 adressed. Prior to August 20, 2020 provide root case, include documentation of policies, practices, procedures and training implemented to pevent future occuramces
--	---

Attachment Check List

Att Doc Num

Name

--	--

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)

]