

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:
11/05/2021

Accident Tracking No.:
402706308

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 95620 Contact Name: Dale Hart
Name of Operator: WESTERN OPERATING COMPANY Phone: (719) 688-1638
Address: 1165 DELAWARE STREET #200 Fax: (719) 729-3591
City: DENVER State: CO Zip: 80204 Email: dale@westernoperating.com

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

Date of Accident: 05/24/2021 Time of Accident: 9:00 AM
API Number: 05- 061-06020 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: HARRISON Well/Facility Num: 4
County: KIOWA
Location: QTRQTR: SWSE Sec: 9 Twp: 19S Rng: 45W Meridian: 6
Lat: 38.413690 Long: -102.461280
Field Name: BRANDON Field Number: 7500

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 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
☐ Vandalism
☐ Terrorism
☐ Hazardous Chemical
☐ Other Description: _____

Firefighting Foam or Chemical UseWere firefighting foams/chemicals utilized? Yes

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

F500 3% concentration, 16 gallons

Detailed Description of Accident:

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

The heater treater caught fire due to a pin hole in the fire tube. The fire resulted in igniting the surface of the fiberglass produced water tank. Fire was discovered May 5, 2021. 911 was called and the fire department responded and extinguished the fire. No liquids were released from the treater or produced water tank as a result of 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

OPERATOR COMMENTS and SUBMITTAL

The heater treater caught fire 5/5/2021 due to a pin hole in the fire tube. The fire resulted in igniting the surface of the fiberglass produced water tank. 911 was called and local fire departments responded and extinguished the fire. Liquids were removed from the heater treater and no hydrocarbon liquids were released to soil or groundwater as a result of the fire. 16 gallons of 3% HCT F500 was used to extinguish the fire, and firefighting liquids were removed from the site.

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: Dale R Hart Email: dale@westernoperating.comSignature: _____ Title: Pumper Date: 11/05/2021**CONDITIONS OF APPROVAL, IF ANY:****Condition of Approval****COA Type****Description**

0 COA

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<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		

Attachment List

Att Doc Num

Name

402863132

OTHER

Total Attach: 1 Files