

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

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

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

Were 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.com

Signature: \_\_\_\_\_ Title: Pumper Date: 11/05/2021

**CONDITIONS OF APPROVAL, IF ANY:**

**Condition of Approval**

**COA Type**

**Description**

0 COA	
-------	--

---

**General Comments**

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

Total: 0 comment(s)

---



## Attachment List

**Att Doc Num**

**Name**

402863132

OTHER

Total Attach: 1 Files