

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:
02/22/2022

Accident Tracking No.:
402962628

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10433</u>	Contact Name: <u>Laura Lancaster</u>
Name of Operator: <u>LARAMIE ENERGY LLC</u>	Phone: <u>(970) 644-1259</u>
Address: <u>1001 17TH STREET #1900</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>LLancaster@Laramie-Energy.com</u>

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

Date of Accident: <u>02/21/2022</u>	Time of Accident: <u>05:30 AM</u>			
API Number: 05- _____	Facility ID: <u>334487</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>NVega</u>	Well/Facility Num: <u>3A Pad</u>			
County: <u>MESA</u>				
Location: QTRQTR: <u>NWSW</u>	Sec: <u>26</u>	Twp: <u>9S</u>	Rng: <u>93W</u>	Meridian: <u>6</u>
	Lat: <u>39.246572</u>	Long: <u>-107.743292</u>		
Field Name: <u>BUZZARD CREEK</u>	Field Number: <u>9500</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? No

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

Detailed Description of Accident:

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

Lease operator discovered that communication was not reporting, so went to location to check out issue. Upon approach he could see flames coming out of the first separator unit. When he arrived on pad he closed the main valve and separator valves. He than went to a near by office and notified fire department and Laramie supervisor. Approximately 15 minutes later a second operator arrived and verified that the fire was out and doubled checked all valve closures. Fire department was called to stand down.

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
02/21/2022	Collbran Fire Department	via 911	responded but fire was out prior to arrival so notified to stand down

OPERATOR COMMENTS and SUBMITTAL

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: Christina Pierce Email: cpierce@Laramie-Energy.com

Signature: _____ Title: Engineering Tech Date: 02/22/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

	Prior to April 24, 2022 provide subsequent Form 22 with root cause. Include documentation of policies, procedures, practices and training implemented to prevent future occurrences
1 COA	

General Comments

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

Total: 0 comment(s)

Attachment List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files