

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

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

Date of Accident: 02/21/2022 Time of Accident: 05:30 AM  
API Number: 05- Facility ID: 334487 Type of Facility: LOCATION  
Well/Facility Name: NVega Well/Facility Num: 3A Pad  
County: MESA  
Location: QTRQTR: NWSW Sec: 26 Twp: 9S Rng: 93W Meridian: 6  
Lat: 39.246572 Long: -107.743292  
Field Name: BUZZARD CREEK Field Number: 9500

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 then 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	

]

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



**Attachment List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files