



### 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:

Microblaze firefighting foam was utilized on the fire. Approximately 5 gallons of the foam was used to extinguish the fire inside of the combustor. This foam was a non PFAS Foam.

### Detailed Description of Accident:

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

Drilling operations was preparing to drill the curve of the well and during the process, switched the flow to the 'gas buster' vessel. During operations the bottom return line of the the gas buster vessel was plugged. This resulted in the filling of the vessel and carrying over 1bbl of drilling mud to the combustor and ingnited inside of the combustor.

### 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
03/12/2022	COGCC	Mike Leonard	Notified at 6:13PM.
03/12/2022	North Metro Fire District		Responded to incident. Deployed firefighting foam.
03/12/2022	City of Broomfield	David Skari	Showed up onsite. Completed their investigation.

### 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: Danny Knutson Email: dknutson@civiresources.com

Signature: \_\_\_\_\_ Title: EHS Date: 03/14/2022

### CONDITIONS OF APPROVAL, IF ANY:

#### Condition of Approval

#### COA Type

#### Description

	Prior to May 14, 2022 provide Subsequent Form 22 documenting actions taken to prevent future occurrences. Include documentation of any policies, practices, procedures and training implemented as well
1 COA	

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**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**

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Total Attach: 0 Files