

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:
12/28/2022

Accident Tracking No.:
403273614

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10773

Contact Name: Sydney Smith

Name of Operator: FUNDARE RESOURCES OPERATING COMPANY

Phone: (303) 910-4511

Address: 5251 DTC PKWY STE 950

Fax: ()

City: GREENWOOD State: CO Zip: 80111

Email: ssmith@fundareresources.com

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

Date of Accident: 12/28/2022

Time of Accident: _____

API Number: 05- _____

Facility ID: 436724

Type of Facility: LOCATION

Well/Facility Name: Horsetail

Well/Facility Num: 33M Pad

County: WELD

Location: QTRQTR: SWSW

Sec: 33

Twp: 10N

Rng: 57W

Meridian: 6

Lat: 40.789017

Long: -103.762128

Field Name: DJ HORIZONTAL NIOBRARA

Field Number: 16950

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: 403273484

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.

On 12/28/2022 an exploded produced water tank was discovered at the subject site. No personnel were injured as the site was vacant at the time of the accident. The cause of the explosion is still under investigation. There was no fire associated with the explosion, only the equipment was damaged, and the product was lost. The COGCC and Weld County OEM were immediately notified upon discovery via phone.

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
12/28/2022	Local Police Station		Recieved
12/28/2022	Local Fire Department		Recieved
12/28/2022	Weld County OEM	Dave Burns	Received

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: Sydney Smith

Email: ssmith@fundareresources.com

Signature: _____

Title: Director EHSR

Date: 12/28/2022

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to March 1, 2023 submit 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

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