

FORM
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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:
03/03/2023

Accident Tracking No.:
403336609

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10773</u>	Contact Name: <u>Sydney Smith</u>
Name of Operator: <u>FUNDARE RESOURCES OPERATING COMPANY</u>	Phone: <u>(303) 910-4511</u>
Address: <u>5251 DTC PKWY STE 950</u>	Fax: <u>()</u>
City: <u>GREENWOOD</u> State: <u>CO</u> Zip: <u>80111</u>	Email: <u>ssmith@fundareresources.com</u>

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

Date of Accident: <u>12/28/2022</u>	Time of Accident: _____			
API Number: 05- _____	Facility ID: <u>436724</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>Horsetail</u>	Well/Facility Num: <u>33M Pad</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>SWSW</u>	Sec: <u>33</u>	Twp: <u>10N</u>	Rng: <u>57W</u>	Meridian: <u>6</u>
	Lat: <u>40.789017</u>		Long: <u>-103.762128</u>	
Field Name: <u>DJ HORIZONTAL NIOBRARA</u>	Field Number: <u>16950</u>			

Was there a reportable E & P waste spill or release associated with this accident?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, enter the Document Number of the Initial Spill/Release Report, Form 19:	<u>403273484</u>	
Was there a Grade 1 Gas Leak associated with this accident ?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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: <u>0</u>
Number of workers injured: <u>0</u>
Number of general public fatalities: <u>0</u>
Number of worker fatalities: <u>0</u>

Type of Accident (check all that apply):

<input type="checkbox"/> Fire
<input checked="" type="checkbox"/> Explosion
<input type="checkbox"/> Detonation
<input type="checkbox"/> Uncontrolled Release
<input type="checkbox"/> Vandalism
<input type="checkbox"/> Terrorism
<input type="checkbox"/> Hazardous Chemical
<input type="checkbox"/> 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 was injured as the site was vacant at the time of the accident. The root cause of the explosion was determined to be caused by a static storm that was investigated and determined by the local fire department. As a result of the incident, Fundare has updated internal policies to increase inspection of grounding tape to ensure it is connected and confirmed that all fiberglass tanks are grounded at all times. 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 Fire Department		Recieved
12/28/2022	Weld County OEM	Dave Burns	Received
12/28/2022	Local Police Station		Recieved

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: 03/03/2023

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>
0 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