

FORM  
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Rev  
05/13

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:  
02/25/2015

Accident Tracking No.:  
400795915

**ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>10112</u>	Contact Name: <u>Ryan Eisele</u>
Name of Operator: <u>FOUNDATION ENERGY MANAGEMENT LLC</u>	Phone: <u>(832) 722-0320</u>
Address: <u>16000 DALLAS PARKWAY #875</u>	Fax: <u>(918) 585-1660</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75248-6607</u>	Email: <u>regulatory@foundationenergy.com</u>

**DESCRIPTION OF ACCIDENT**(Please be as specific as possible)

Date of Accident: <u>02/10/2015</u>	Time of Accident: <u>11:15 AM</u>
API Number: 05- <u>123-21830</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>BEHRING</u>	Well/Facility Num: <u>23-7</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWNE</u> Sec: <u>23</u> Twp: <u>6N</u> Rng: <u>61W</u> Meridian: <u>6</u>	
	Lat: <u>40.475660</u> Long: <u>-104.173320</u>
Field Name: <u>GREASEWOOD SOUTH</u>	Field Number: <u>32700</u>

**DESCRIPTION**

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail::

At 9:00am on 2/18, Foundation Energy's pumper, arrived on location, checked the heater treater building and saw no issues. At 11:15am, another Foundation Energy pumper was driving nearby the location to shoot a fluid level on the well and saw smoke and flames from the treater building. Pumper immediately called 911, drove to the well and shut it in.

At 11:38am, he drove to the Babb location to shut-in the well there, since the gas production runs through the Behring treater. On his way, calling and notifying the field foreman. The pumper then proceeded to drive down the road, east of the battery to wait for the fire department.

At 11:50am, the field foreman went to the Babb location to verify the well was shut-in properly and joined the pumper east of the Behring location.

At 12:00pm, the fire department and sheriff arrived at location.

By 1:00pm, the fire was put out. Foundation employees looked around the treater building and inside for any signs of how the fire started. Pictures were taken of the damage to the treater house.

At 2:00pm, COGCC inspector Bill Rains arrived on location. He was passing by and was curious what had happened. He discussed the situation with the Foundation employees.

On 2/23, a Foundation Energy engineer, traveled to location to investigate the cause of the fire, interview the pumpers and foreman and try to determine a root cause and actions forward.

His findings are below:

The likely source of ignition identified is the small flame in the burner.

The source of combustion is unknown still. Most likely gas and a leak in the gas system somewhere inside the treater house. There is a lack of fluid being produced or even in the vessels in the treater house.

Foundation will continue to investigate and inspect the system before placing the wells back on-line to ensure that any leaks are found and repaired. Routine inspections will continue at the facility to inspect valves and seals are functioning properly to prevent another fire from occurring at this facility.

#### **OTHER NOTIFICATIONS**

List the parties and agencies notified (LDG, County, BLM EPA, DOT, Local Emergency Planning Coordinator or others)

Date	Agency	Contact	Response
02/19/2015	COGCC	Margaret Ash	Sent email to notify of incident on location per Rule 602.

#### **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: Rachel Grant Email: regulatory@foundationenergy.com  
Signature: \_\_\_\_\_ Title: Sr. HSE/Regulatory Tech. Date: 02/25/2015

#### **CONDITIONS OF APPROVAL, IF ANY:**

##### **COA Type**

##### **Description**

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

#### **General Comments**

##### **User Group**

##### **Comment**

##### **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

## Attachment Check List

**Att Doc Num**

**Name**

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

Total Attach: 0 Files