

FORM
22

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:
12/02/2015

Accident Tracking No.:
400944182

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 19035 Contact Name: Chris Pandolfo
Name of Operator: OVERLAND RESOURCES LLC Phone: (650) 387-6506
Address: SUITE C18 PMB 440 Fax: (387)
City: GREENWOOD State: CO Zip: 80121 Email: cpandolfo@gmail.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 11/25/2015 Time of Accident: 6:10 AM
API Number: 05- 005-06345 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: REEVES Well/Facility Num: 28-31
County: ARAPAHOE
Location: QTRQTR: NWNE Sec: 28 Twp: 4S Rng: 62W Meridian: 6
Lat: 39.678790 Long: -104.329150
Field Name: DRAGON Field Number: 18850

DESCRIPTION

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

According to the Vic Behrens of Behren Resources Inc. which pumps the Reeves 28-31 lease, shortly before 6:10am the morning of November 25, 2015 the Reeves treater caught fire. Vic reports that it "looks like the fire tube gasket leaked. Vic worked with the local authorities including the Arapahoe County Sheriffs Office to resolve the issue. Based on the evidence, the cause of the fire was equipment failure.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response

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: Chris Pandolfo Email: cpandolfo@gmail.com
Signature: _____ Title: _____ Date: 12/02/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

Agency	Original faxed report attached recieved 11/25/2015	11/30/2015 10:20:00 AM
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Total: 1 comment(s)

Attachment Check List

Att Doc Num

Name

400944193	FORM 22 SUBMITTED
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Total Attach: 1 Files