

FORM
22

Rev
06/18

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:
07/26/2018

Accident Tracking No.:
401715324

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>8960</u>	Contact Name: <u>Brian Dodek</u>
Name of Operator: <u>BONANZA CREEK ENERGY OPERATING COMPANY</u>	Phone: <u>(720) 2256653</u>
Address: <u>410 17TH STREET SUITE #1400</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>bdodek@bonanzacrck.com</u>

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

Date of Accident: <u>07/26/2018</u>	Time of Accident: <u>2:00 AM</u>	
API Number: 05- <u>123-40061</u>	Facility ID: _____	Type of Facility: <u>WELL</u>
Well/Facility Name: <u>State Pronghorn</u>	Well/Facility Num: <u>44-14-29HNB</u>	
County: <u>WELD</u>		
Location: QTRQTR: <u>SESE</u> Sec: <u>29</u> Twp: <u>5N</u> Rng: <u>61W</u> Meridian: <u>6</u>		
	Lat: <u>40.367970</u> Long: <u>-104.224490</u>	
Field Name: <u>RIVERSIDE</u>	Field Number: <u>73800</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>401715368</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 Grade 1 Gas Leak 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 type="checkbox"/> Explosion
<input type="checkbox"/> Detonation
<input checked="" type="checkbox"/> Uncontrolled Release
<input type="checkbox"/> Other Description: _____

Detailed Description of Accident:

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

At approximately 1:30 am on 7/26/18, a truck driver struck a Bonanza Creek wellhead that was behind a barrier. The truck severed a wellhead flowline that released pressure and completions water related to nearby completions activity. The incident was reported immediately and Bonanza Creek personnel responded to the location and shut-in the well head. Bonanza Creek personnel are currently on location with a vac truck removing all pooled completions water and assessing the released volume and surface impact. The release was contained to the well pad.

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
07/26/2018	Weld County LGD	Jason Maxey	Notified of release

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: Brian Dodek Email: bdodek@bonanzacrk.com

Signature: _____ Title: Env Manager Date: 07/26/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Within sixty (60) days provide root cause of incident. Include documentation of policies, procedures and training implemented to prevent future occurrences
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General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files