

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:  
11/21/2018

Accident Tracking No.:  
401847955

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 10447 Contact Name: Tara Mall  
Name of Operator: URSA OPERATING COMPANY LLC Phone: (970) 6182155  
Address: 1600 BROADWAY ST STE 2600 Fax: (970) 6259929  
City: DENVER State: CO Zip: 80202 Email: tmall@ursaresources.com

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

Date of Accident: 11/20/2018 Time of Accident: 0714 AM  
API Number: 05- 103-12304 Facility ID: \_\_\_\_\_ Type of Facility: WELL  
Well/Facility Name: BOIES RANCH B-19N Well/Facility Num: FED 23C-19-2-97  
County: RIO BLANCO  
Location: QTRQTR: SESW Sec: 19 Twp: 2S Rng: 97W Meridian: 6  
Lat: 39.857512 Long: -108.328250  
Field Name: SULPHUR CREEK Field Number: 80090

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: \_\_\_\_\_  
Was there a Grade 1 Gas Leak associated with this accident? Yes ☐ No ☒  
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: 0  
Number of workers injured: 1  
Number of general public fatalities: 0  
Number of worker fatalities: 0

Type of Accident (check all that apply):

- ☐ Fire  
☐ Explosion  
☐ Detonation  
☐ Uncontrolled Release  
☒ Other Description: Struck by

**Detailed Description of Accident:**

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

Contractor was running surface casing, bringing down a joint of 9 5/8 casing IW stepped between skate and stump to set slips. IW initially stay onsite but later reported for observation.

**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

**OPERATOR COMMENTS and SUBMITTAL**

Operator wasn't informed of additional needs until 11/21/2018 @0940.

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: Tara Mall

Email: tmall@ursaresources.com

Signature: \_\_\_\_\_

Title: H&S Manager

Date: 11/21/2018

**CONDITIONS OF APPROVAL, IF ANY:****COA Type****Description**

	Prior to January 25, 2018 provide Subsequent Accident Report Form 22 with documentation of policies, procedures and training implemented to prevent future occurrences
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**Attachment Check List****Att Doc Num****Name**

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Total Attach: 0 Files

<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		

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