

FORM
22
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:
08/05/2022

Accident Tracking No.:
403128363

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>10780</u>	Contact Name: <u>Tarah Garza</u>
Name of Operator: <u>BISON OIL & GAS III LLC</u>	Phone: <u>(970) 6921963</u>
Address: <u>518 17TH STREET SUIT 1800</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>tgarza@bisonog.com</u>

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

Date of Accident: <u>08/05/2022</u>	Time of Accident: <u>4:05 AM</u>			
API Number: <u>05-</u>	Facility ID: <u>460648</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>LD15-09 PAD</u>	Well/Facility Num: _____			
County: <u>WELD</u>				
Location: QTRQTR: <u>NESE</u>	Sec: <u>15</u>	Twp: <u>9N</u>	Rng: <u>58W</u>	Meridian: <u>6</u>
	Lat: <u>40.749590</u>		Long: <u>-103.841820</u>	
Field Name: _____	Field Number: _____			

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 Spill/Release 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

Vandalism

Terrorism

Hazardous Chemical

Other Description: Injury

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.

After working on a HHP fluid end Liberty employees started to push in the fluid end catwalk, In the process of doing so, employee, had his finger pinched between the safety gate and catwalk handrail. He pulled his hand back and the tip of his finger was pulled off as he pulled his hand back.

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

Incident documentation received from Liberty and ready to submit.

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: Tarah Garza Email: tgarza@bisonog.com

Signature: _____ Title: Env Compliance Specialist Date: 08/05/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

	Prior to October 6,2022 submit subsequent Form 22 with root cause. Include documentation of policies, procedures, practices and training implemented to prevent future occurrences.
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1 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