

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

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

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

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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)



**Attachment List**

**Att Doc Num**      **Name**

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Total Attach: 0 Files