

# State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



ECMC RECEPTION

Receive Date:  
**09/09/2024**

Accident Tracking No.:  
**403913694**

## ACCIDENT REPORT

As required by Rule 602.f.

### CONTACT INFORMATION

Initial Notice of Accident       Subsequent Notice of Accident

ECMC Operator Number: <u>96340</u>	Contact Name: <u>Eric Bruesewitz Eric Bruesewitz</u>
Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u>	Phone: <u>(720) 617-6266</u>
Address: <u>PO BOX 460928</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80246</u>	Email: <u>operations@wf.energy</u>

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

Date of Accident: <u>09/09/2024</u>	Time of Accident: <u>7:30 AM</u>			
API Number: <u>05-</u>	Facility ID: <u>445033</u>	Type of Facility: <u>TANK BATTERY</u>		
Well/Facility Name: <u>Ma-State Tank Battery</u>	Well/Facility Num: <u></u>			
County: <u>LINCOLN</u>				
Location: QTRQTR: <u>NWSW</u>	Sec: <u>24</u>	Twp: <u>10S</u>	Rng: <u>56W</u>	Meridian: <u>6</u>
	Lat: <u>39.162180</u>		Long: <u>-103.619250</u>	
Field Name: <u>GREAT PLAINS</u>	Field Number: <u>32756</u>			

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: 0

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: \_\_\_\_\_

**Firefighting Foam or Chemical Use**

Were firefighting foams/chemicals utilized? Yes

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

One 5-gallon pail of Novacool foaming concentrate was utilized mixed at 0.4%-0.5%

**Detailed Description of Accident:**

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

A fire tube, which is used to heat oil in a production tank, developed a hole and caused a fire at the tank. The pumper notified the company and local fire department at approximately 7:30am, the fire department arrived and extinguished the fire by 8:30am on 9/9/2024. An estimated 3 barrels of oil was released from the tank and was contained in the secondary containment around the tank battery.

**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**

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: Eric Bruesewitz Email: operations@wf.energy

Signature: \_\_\_\_\_ Title: Manager Date: 09/09/2024

**CONDITIONS OF APPROVAL, IF ANY LIST**

**COA Type**

**Description**

	Prior to December 10, 2024 submit subsequent Form 22 with root cause. Include documentation of policies, practices and training to prevent future occurrences. Include complete description in Notifications & Responders of notifications made to responders, ECOM and local governments.
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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)

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**ATTACHMENT LIST**

**Att Doc Num**

**Name**

403913694

ACCIDENT REPORT

Total Attach: 1 Files