

FORM
22

Rev
01/20

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

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

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

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, ECMC and local governments.
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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)

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ATTACHMENT LIST

Att Doc Num

Name

403913694

ACCIDENT REPORT

Total Attach: 1 Files