

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:
10/11/2019

Accident Tracking No.:
402207766

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 8960 Contact Name: Brian Dodek
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY Phone: (720) 2256653
Address: 410 17TH STREET SUITE #1400 Fax: ()
City: DENVER State: CO Zip: 80202 Email: bdodek@bonanzacrk.com

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

Date of Accident: 10/11/2019 Time of Accident: 4:30 PM
API Number: 05- Facility ID: 428456 Type of Facility: LOCATION
Well/Facility Name: North Platte Well/Facility Num: 14-36
County: WELD
Location: QTRQTR: SWSW Sec: 36 Twp: 5N Rng: 63W Meridian: 6
Lat: 40.351930 Long: -104.390190
Field Name: WATTENBERG Field Number: 90750

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: _____

Detailed Description of Accident:

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

While lighting an ECD, the ignition chamber flashed causing minor burns to the hand of a Bonanza Creek employee. He was taken to the hospital for evaluation and was released. Bonanza Creek will conduct an accident investigation next week.

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

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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: Brian Dodek

Email: bdodek@bonanzacrk.com

Signature: _____

Title: Env Manager

Date: 10/11/2019

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

	Prior to December 13, 2020 provide root cause. Provide documentation of policies, practices, 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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