

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:
08/10/2018

Accident Tracking No.:
401730362

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 100322 Contact Name: Bryan Mickiewicz
Name of Operator: NOBLE ENERGY INC Phone: (970) 3024244
Address: 1001 NOBLE ENERGY WAY Fax: ()
City: HOUSTON State: TX Zip: 77070 Email: bryan.mickiewicz@nblenergy.com

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

Date of Accident: 08/08/2018 Time of Accident: 200 AM
API Number: 05- 123-21073 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: CAPITAL Well/Facility Num: 31-19
County: WELD
Location: QTRQTR: NWNE Sec: 19 Twp: 4N Rng: 63W Meridian: 6
Lat: 40.303027 Long: -104.478088
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: 401730320
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: 401730343

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
☐ Other Description: _____

Detailed Description of Accident:

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

During the evening of August 8th, an oil hauler from a third party company, ITL, was attempting to re-position his vehicle after driving onto location. From the initial report, the driver attempted to access the tank battery from the center of the production location and discovered a vapor line which was too low to drive under. He backed up, and attempted to drive around the west side of the facility, when the rear tires of the trailer struck the wellhead and broke the casing valve off of the wellhead.

The wellhead was a previously long term shut in well with approximately 300psi of shut in pressure. Once struck, a release of hydrocarbon gas and residual condensate occurred.

The incident was immediately reported to Noble Energy and a field operator responded and secured all fired equipment and prevented entry into the facility. All producing facilities within 1000ft of the release were also shut in, along with a neighboring operator facility (PDC).

Facility and surrounding facilities will remain shut in and site secured until repairs can be completed by Noble

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
08/10/2018	COGCC	Bob Chesson	required notification via email
08/08/2018	CDPHE	Malfunction Event Hotline	No response, left voicemail
08/10/2018	Weld County	Roy Rudisill	required notification via email
08/08/2018	COGCC	Margaret Ash	Verbal description of incident - Grade 1 gas leak

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: Bryan Mickiewicz Email: bryan.mickiewicz@nblenergy.com

Signature: _____ Title: EHS Manager Date: 08/10/2018

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

	Within 45 (fourty five) days provide documentation of policies procedures and training implemented to prevent future occurances of this nature
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General Comments**User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files