

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:
06/22/2021

Accident Tracking No.:
402725291

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>100322</u>	Contact Name: <u>Mo Montoya</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2492425</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: <u>()</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>mo.montoya@chevron.com</u>

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

Date of Accident: <u>06/19/2021</u>	Time of Accident: <u>300 PM</u>			
API Number: 05- _____	Facility ID: <u>426414</u>	Type of Facility: <u>LOCATION</u>		
Well/Facility Name: <u>SLW State PC</u>	Well/Facility Num: <u>BB18-67HN Multi</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>SWNW</u>	Sec: <u>18</u>	Twp: <u>5N</u>	Rng: <u>63W</u>	Meridian: <u>6</u>
	Lat: <u>40.401440</u>		Long: <u>-104.486840</u>	
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</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:

This is under investigation and will be included in a Subsequent Report. We are currently awaiting this information from the Fire Departments.

Detailed Description of Accident:

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

This is to inform you that Noble Energy had a fire on the LW State PC BB 18-65,67 HN (Facility ID 426414). At approximately 3:00pm on June 19, 2021, a fire started at this production facility impacting 2 15' - 300 bbl. fiberglass produced water tanks on site. The suspected cause of this fire currently is a lightning strike. Kersey and Galeton Fire Departments responded to the incident and were able to contain and extinguish the fire. All lost product in secondary containment and will be cleaned up in accordance with COGCC/Weld County spill reporting and response.

Upon investigation we noticed that all the spilled quantities went to the PBV on location. After looking into the tank levels we determined that 3 bbls were spilled inside secondary containmet and there was not a reparable spill to be reported.

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
06/19/2021	COGCC	Mike Leonard	Call and Email of the Incident
06/19/2021	Weld Office of Emergency Management	Roy Rudisill	E-mail. Thanks Mo.

OPERATOR COMMENTS and SUBMITTAL

This is to inform you that Noble Energy had a fire on the LW State PC BB 18-65,67 HN (Facility ID 426414). At approximately 3:00pm on June 19, 2021, a fire started at this production facility impacting 2 15' - 300 bbl. fiberglass produced water tanks on site. The suspected cause of this fire currently is a lightning strike. Kersey and Galeton Fire Departments responded to the incident and were able to contain and extinguish the fire.

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: Mo Montoya Email: mo.montoya@chevron.com
 Signature: _____ Title: Regulatory Manager Date: 06/22/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

1 COA	Prior to August 22, 2021 provide subsequent Form 22 documenting firefighting foam quantities as reported by responding agencies
-------	---

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files