

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

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

Date of Accident: 06/19/2021 Time of Accident: 300 PM
API Number: 05- Facility ID: 426414 Type of Facility: LOCATION
Well/Facility Name: SLW State PC Well/Facility Num: BB18-67HN Multi
County: WELD
Location: QTRQTR: SWNW Sec: 18 Twp: 5N Rng: 63W Meridian: 6
Lat: 40.401440 Long: -104.486840
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 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 reptable spill to be repoerted.

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

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

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<u>General Comments</u>		
User Group	Comment	Comment Date
		Stamp Upon Approval
Total: 0 comment(s)		

Attachment List

Att Doc Num **Name**

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Total Attach: 0 Files