

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:

10/07/2021

Accident Tracking No.:

402835179

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>Mosiah Montoya</u>
Name of Operator:	<u>NOBLE ENERGY INC</u>	Phone:	<u>(303) 228-4000</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>denverregulatory@chevron.onmicrosoft.co</u>

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

Date of Accident:	<u>10/05/2021</u>	Time of Accident:	<u>06:30 AM</u>		
API Number: 05-	<u>123-17531</u>	Facility ID:	<u> </u>	Type of Facility:	<u>WELL</u>
Well/Facility Name:	<u>WATKINS</u>			Well/Facility Num:	<u>12-11</u>
County:	<u>WELD</u>				
Location: QTRQTR:	<u>NESW</u>	Sec:	<u>12</u>	Twp:	<u>4N</u>
				Rng:	<u>64W</u>
				Meridian:	<u>6</u>
		Lat:	<u>40.325595</u>	Long:	<u>-104.500661</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 UseWere firefighting foams/chemicals utilized? No

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

Detailed Description of Accident:

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

We became aware of release at 6:30 am on backside casing fitting on the Watkins 12-1 . The associated well has been shut in since January 2020. Initial evidence points to damage that might have been caused by a cow rubbing up against it or stepping on it. The well is currently leaking gas but not visual amounts of fluid in the air. Casing pressure is now 33 psig. No one has been injured in this event and no fires or explosions have been reported associated with this event. A Form 22,

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
10/05/2021	COGCC	Mike Leonard	Email

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: Julie Webb Email: julie.webb@chevron.comSignature: _____ Title: Sr. Regulatory Analyst Date: 10/07/2021**CONDITIONS OF APPROVAL, IF ANY:****Condition of Approval****COA Type****Description**

	Prior to December 8, 2021 provide root cause if able to determine. Include documentation of procedures or practices implemented to prevent future occurrences
1 COA	

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Field Operations	Initial report came in listing one (1) public fatality. Contacted Mo Montoya to verify. Input was a typo and I (Mike Leonard) changed it to zero (0)	10/08/2021

Total: 1 comment(s)

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files