

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:
05/11/2022

Accident Tracking No.:
403045359

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) 228-4160</u>
Address: <u>2001 16TH STREET SUITE 900</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mo.montoya@chevron.com</u>

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

Date of Accident: <u>05/10/2022</u>	Time of Accident: <u>1830 PM</u>			
API Number: 05- <u>123-25177</u>	Facility ID: _____	Type of Facility: <u>WELL</u>		
Well/Facility Name: <u>STATE EHRLICH</u>	Well/Facility Num: <u>36-25</u>			
County: <u>WELD</u>				
Location: QTRQTR: <u>SWNW</u>	Sec: <u>36</u>	Twp: <u>5N</u>	Rng: <u>65W</u>	Meridian: <u>6</u>
	Lat: <u>40.358930</u>		Long: <u>-104.616790</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? 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.

Landowner dragged a well guard into the backside casing, damaging a backside casing nipple. no fluid on the ground at all. no injuries well isolated at 825pm.

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
05/12/2022	Weld OEM	Dave Burns	Verbal report

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: Mosiah Montoya Email: mo.montoya@chevron.com

Signature: _____ Title: Compliance Manager Date: 05/11/2022

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type	Description
0 COA	

0 COA	
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Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Field Operations	No further information needed	05/11/2022

Total: 1 comment(s)
