

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:  
07/14/2022

Accident Tracking No.:  
403105435

## 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) 2492425</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: _____
Well/Facility Name: <u>STATE EHRLICH</u>	Type of Facility: <u>WELL</u>
County: <u>WELD</u>	Well/Facility Num: <u>36-25</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.

Will upgrade wellheads with Bollards

**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**

NA

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:     Regulatory Manager     Date:     07/14/2022    

**CONDITIONS OF APPROVAL, IF ANY:**

**Condition of Approval**

**COA Type**

**Description**

0 COA	
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**Attachment List**

**Att Doc Num**

**Name**

Total Attach: 0 Files

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**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)

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