

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:
04/10/2023

Accident Tracking No.:
403368890

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 100322 Contact Name: Mosiah Montoya
Name of Operator: NOBLE ENERGY INC Phone: (303) 2492425
Address: 2001 16TH STREET SUITE 900 Fax: ()
City: DENVER State: CO Zip: 80202 Email: mo.montoya@chevron.com

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

Date of Accident: 04/07/2023 Time of Accident: 10:45 AM
API Number: 05- Facility ID: 459852 Type of Facility: LOCATION
Well/Facility Name: DD08-02 Well/Facility Num: Pad
County: WELD
Location: QTRQTR: NWNE Sec: 8 Twp: 3N Rng: 63W Meridian: 6
Lat: 40.245900 Long: -104.456940
Field Name: _____ Field Number: _____

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: 403368284
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: Flowline Strike

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.

Fence crews dug hole for fence post around gas lift meter building (4/6/23) understood method of excavation at this time is combined mechanical and hand tools. Wells were shut in at the time. Wells turned on this Friday resulting in water/gas coming up through post hole location.

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
04/07/2023	WELD OEM	Dave Burns	

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: Regulatory Manager Date: 04/10/2023

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to May 10, 2023 provide subsequent Form 22 with root cause. Include documentation of policies procedures, practices and training implemented to prevent future occurrences
1 COA	

General Comments

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

Total: 0 comment(s)

Attachment List

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