

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

General Comments

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

Total: 0 comment(s)

Attachment List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files