

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:
04/28/2023

Accident Tracking No.:
403387780

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: 02/04/2023 Time of Accident: 3:00 PM
API Number: 05- Facility ID: 327801 Type of Facility: LOCATION
Well/Facility Name: HSR-GARDNER-64N65W Well/Facility Num: 31NENW
County: WELD
Location: QTRQTR: NENW Sec: 31 Twp: 4N Rng: 65W Meridian: 6
Lat: 40.274290 Long: -104.708280
Field Name: WATTENBERG Field Number: 90750

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.

The Kimray valve on the gas outlet from the low pressure separator to the LP VOC KO pot did not close quickly enough to prevent the liquid carryover.
rerouting the IG venting due to the LSHH to an alternate location or procedures to limit hydrate formation within the IG vent.

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

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.comSignature: _____ Title: Regulatory Manager Date: 04/28/2023**CONDITIONS OF APPROVAL, IF ANY:****COA Type****Description**

0 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>
---------------------------	--------------------

--	--

Total Attach: 0 Files