



**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.

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.com    

Signature: \_\_\_\_\_ Title:     Regulatory Manager     Date:     04/28/2023    

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

0 COA	
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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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## Attachment List

**Att Doc Num**

**Name**

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

Total Attach: 0 Files