

**State of Colorado**  
**Energy & Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:  
08/25/2023

**Accident Tracking No.:**  
**403509633**

## ACCIDENT REPORT

As required by Rule 602.f.

## CONTACT INFORMATION

 Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number:	100322	Contact Name:	Randy Thweatt
Name of Operator:	NOBLE ENERGY INC	Phone:	(303) 8292393
Address:	2001 16TH STREET SUITE 900	Fax:	( )
City:	DENVER	State:	CO
Zip:	80202	Email:	randythweatt@chevron.com

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

Date of Accident: 08/24/2023

Time of Accident: 11:20 AM

API Number: 05- 123-33526

Facility ID:

Type of Facility: WELL

Well/Facility Name: Howard USX

Well/Facility Num:A09-23

County: WELD

Location: QTRQTR: SESE

Sec: 9

Twp: 6N

Rng: 64W

Meridian: 6

Lat: 40.496960

Long: -104.549820

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

<input checked="" type="checkbox"/> Other	Description: Well Strike by 3rd party
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### 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.

At approximately 1130 am on 24 Aug 2023 at Howard USX A 09-23 well, 3rd party (farmer) struck the flowline side of the wellhead . The IOC shut in the wells remotely and the field rep shut in the well head and isolated the line. There were no injuries or other equipment damage with this event. We continue to gather additional detail and will provide additional details with the subsequent submittal.

### 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
08/24/2023	Weld County OEM	Dave Burns	None

### OPERATOR COMMENTS and SUBMITTAL

Follow up subsequent will be provided as soon as available.

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: Randy Thweatt Email: randythweatt@chevron.com

Signature: \_\_\_\_\_ Title: Regulatory Compliance Mgr Date: 08/25/2023

### CONDITIONS OF APPROVAL, IF ANY:

#### COA Type

#### Description

	Prior to October 25, 2026 provide subsequent Form 22 with root cause.
1 COA	

**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)



**Attachment List**

**Att Doc Num**

**Name**

403509633

ACCIDENT REPORT

Total Attach: 1 Files