

FORM
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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: <u>100322</u>	Contact Name: <u>Randy Thweatt</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 8292393</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>randythweatt@chevron.com</u>

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

Date of Accident: <u>08/24/2023</u>	Time of Accident: <u>11:20 AM</u>
API Number: 05- <u>123-33526</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>Howard USX</u>	Well/Facility Num: <u>A09-23</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SESE</u> Sec: <u>9</u> Twp: <u>6N</u> Rng: <u>64W</u> Meridian: <u>6</u>	
	Lat: <u>40.496960</u> Long: <u>-104.549820</u>
Field Name: <u>WATTENBERG</u>	Field Number: <u>90750</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: _____

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: Well Strike by 3rd party

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:

[Empty box for listing 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
1 COA	Prior to October 25, 2026 provide subsequent Form 22 with root cause.

[Empty box for additional conditions or comments]

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

403509633

ACCIDENT REPORT

Total Attach: 1 Files