

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:
10/25/2023

Accident Tracking No.:
403572948

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) 829 2393</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: _____
Well/Facility Name: <u>Howard USX</u>	Type of Facility: <u>WELL</u>
County: <u>WELD</u>	Well/Facility Num: <u>A09-23</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:

Detailed Description of Accident:

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

Root Cause: 3rd party (landowner) equipment struck the wellhead guard and cause the barrier to contact the flowline resulting in damage. Wellhead had sufficient barriers installed which minimized the damage. Actions in response include: 1.) Field specialist to verify wellhead flags/barriers are in place during site visits and 2.) repair damaged guards.

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

See previous description to include root cause and actions taken.

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: 10/25/2023

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

0 COA	
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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