

FORM
22

Rev
01/20

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: 100322 | Contact Name: Randy Thweatt |
| Name of Operator: NOBLE ENERGY INC | Phone: (303) 829 2393 |
| 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
- ☒ 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 | |

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> |
|---------------------------|--------------------|
|---------------------------|--------------------|

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Total Attach: 0 Files