

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.

A location has experienced significant damage associated with a possible fire incident on a compression unit at Wild Horse GV28-72HN Pad. After a call went in to the IOC of a possible fire, the location was remotely ESD immediately and a field lead was sent out to investigate. There was no visible fire present when the lead arrived, just evidence of a thermal event. Inlets and burners were shut off and the EDI compression unit was completely isolated. There were no injuries that occurred, at this time it is unclear what led to it. There will be an investigation to look deeper into what caused it to happen.

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

A location has experienced significant damage associated with a possible fire incident on a compression unit at Wild Horse GV28-72HN Pad. After a call went in to the IOC of a possible fire, the location was remotely ESD immediately and a field lead was sent out to investigate. There was no visible fire present when the lead arrived, just evidence of a thermal event. Inlets and burners were shut off and the EDI compression unit was completely isolated. There were no injuries that occurred, at this time it is unclear what led to it. There will be an investigation to look deeper into what caused it to happen.

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: Isaiah Flores Email: isaiah.flores@chevron.com

Signature: _____ Title: HSE Date: 10/21/2024

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

| | |
|-------|---|
| | Prior to December 22,2024 provide subsequent Form 22 with root cause. Include documentation of policies, practices, training and procedures implemented to prevent future occurrences |
| 1 COA | |

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ATTACHMENT LIST

Att Doc Num **Name**

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|--|--|

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

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