

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



ECMC RECEPTION

Receive Date:  
**10/21/2024**

Accident Tracking No.:  
**403964321**

**ACCIDENT REPORT**

As required by Rule 602.f.

**CONTACT INFORMATION**

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

ECMC Operator Number: 100322 Contact Name: Isaiah Flores  
Name of Operator: NOBLE ENERGY INC Phone: (970) 3700385  
Address: 1099 18TH STREET SUITE 1500 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: isaiah.flores@chevron.com

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

Date of Accident: 10/20/2024 Time of Accident: 6:00 PM  
API Number: 05- Facility ID: 431573 Type of Facility: LOCATION  
Well/Facility Name: WILD HORSE GV Well/Facility Num: 27-78HN  
County: WELD  
Location: QTRQTR: SESE Sec: 28 Twp: 9N Rng: 61W Meridian: 6  
Lat: 40.713794 Long: -104.202108  
Field Name: DJ HORIZONTAL NIOBRARA Field Number: 16950

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: \_\_\_\_\_

### 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	

**ATTACHMENT LIST**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
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Total Attach: 0 Files

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### General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

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