

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:
12/26/2024

Accident Tracking No.:
404040900

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

ECMC Operator Number: <u>100322</u>	Contact Name: <u>Mike Haub</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(970) 3125633</u>
Address: <u>1099 18TH STREET SUITE 1500</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mhaub@chevron.com</u>

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

Date of Accident: <u>12/15/2024</u>	Time of Accident: <u>06:45 AM</u>
API Number: 05- <u>123-52163</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>Foose State</u>	Well/Facility Num: <u>A17-618</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>NESE</u> Sec: <u>18</u> Twp: <u>6N</u> Rng: <u>64W</u> Meridian: <u>6</u>	
	Lat: <u>40.485155</u> Long: <u>-104.586189</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: _____

Firefighting Foam or Chemical Use

Were firefighting foams/chemicals utilized? Yes

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

Foam Type: Non-Hazardous; type will be determined on Supplemental
Application Percent and Quantity: To be Identified with Galeton FD; will be updated on Supplemental

Detailed Description of Accident:

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

Crew was in the process of starting equipment, In the process of starting up equipment, pump #3 (Digi-Prime) caught fire on the passenger side just below the engine compartment where the CNG line connects to the pump. Everyone was notified of the fire via radio and, All ESD's were functioned for CNG, Diesel, and all Frac Pumps. Fire department was called to location while simultaneous everyone mustered to the primary muster point. Once on location all fire was distinguished with a foam application (Non-Hazardous). (all fluids and foam were on contained on the containment). In total there were three frac pumps that were damaged. No personnel were injured.

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

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: Lauren Hoff Email: denverregulatory@chevron.onmicrosoft.com

Signature: _____ Title: HSE Reg Affairs Date: 12/26/2024

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

	Prior to February 28th, 2025 submit subsequent form 22 with root cause. Include documentation of polices, procedure, practices and training implemented to prevent future incidents
1 COA	

General Comments

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

Total: 0 comment(s)

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ATTACHMENT LIST

Att Doc Num **Name**

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Total Attach: 0 Files