

State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

ECMC RECEPTION

Receive Date:
02/12/2025Accident Tracking No.:
404091022

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☐ Initial Notice of Accident ☒ Subsequent Notice of Accident

| | |
|--------------------------------------|----------------------------|
| ECMC Operator Number: 100322 | Contact Name: Michael Haub |
| Name of Operator: NOBLE ENERGY INC | Phone: (970) 697-8385 |
| Address: 1099 18TH STREET SUITE 1500 | Fax: () |
| City: DENVER State: CO Zip: 80202 | Email: mhaub@chevron.com |

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

| | |
|---------------------------------|--------------------------------------|
| Date of Accident: 12/25/2024 | Time of Accident: 06:45 AM |
| API Number: 05- 123-52163 | Facility ID: Type of Facility: WELL |
| Well/Facility Name: Foose State | Well/Facility Num: A17-618 |
| County: WELD | |
| Location: QTRQTR: NESE | Sec: 18 Twp: 6N Rng: 64W Meridian: 6 |
| | Lat: 40.485155 Long: -104.586189 |
| 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: _____

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

30 gallons of Class A foam between 0.8-1%

Detailed Description of Accident:

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

The root cause of the fire was determined to be that the vent line downstream of the gas train pressure relief system (PRS) in service at the time of the incident had been designed by the vendor to vent internal to the mobile unit and below much of the equipment. Consequently, when the lighter than air CNG was vented through the PRS it was released below the equipment and migrated upward creating a flammable atmosphere at grade allowing an ignition source to ignite the vented CNG. The gas train venting system is being rerouted to exhaust above and out of the unit instead of exhausting at a lower level within the unit to assure the elimination of the hazard and prevent reoccurrence. This learning was also shared with the Vendor so that they could take appropriate action to potentially prevent occurrence at other locations unassociated with our operations.

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

Form 22 Subsequent being submitted to close out the initial form 22 COA - root cause and action to prevent future reoccurrence.

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: Michael Haub Email: mhaub@chevron.com

Signature: _____ Title: Wells HSE Manager Date: 02/12/2025

CONDITIONS OF APPROVAL, IF ANY LIST

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)

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ATTACHMENT LIST

Att Doc Num

Name

| | |
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Total Attach: 0 Files