

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

Document No.:

404161431

Receive Date:

04/10/2025

Accident Tracking No.:

404161431

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of AccidentECMC Operator Number: 100322Contact Name: Erin BeanName of Operator: NOBLE ENERGY INCPhone: (720) 688-0414Address: 1099 18TH STREET SUITE 1500Fax: ()City: DENVERState: COZip: 80202Email: erinbean@chevron.com

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

Date of Accident: 04/06/2025Time of Accident: 5:40 PMAPI Number: 05- 123-52071

Facility ID: _____

Type of Facility: WELLWell/Facility Name: BishopWell/Facility Num: A18-742County: WELDLocation: QTRQTR: NENESec: 7Twp: 6NRng: 64WMeridian: 6Lat: 40.505384Long: -104.585581Field Name: WATTENBERGField 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: 404156194

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: 0Number of workers injured: 1Number of general public fatalities: 0Number 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 reportable safety event that occurred at approximately 5:40pm at the Bishop facility (40.504973, -104.585123). A loss of well control event occurred. The cause is still being investigated. There was one injury (ankle) associated with this incident . A full investigation is underway.

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: Erin Bean Email: erinbean@chevron.com

Signature: _____ Title: Health & Safety Rep Date: 04/10/2025

CONDITIONS OF APPROVAL, IF ANY LIST

COA Type

Description

	Prior to July 12th, 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