

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:
05/21/2015

Accident Tracking No.:
400842814

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>100322</u>	Contact Name: <u>Ronnie Hennesey</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(720) 3265417</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>Ronnie.Hennesey@nblenergy.com</u>

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: <u>05/20/2015</u>	Time of Accident: <u>1130 AM</u>
API Number: <u>05-</u>	Facility ID: <u>438088</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>Little State</u>	Well/Facility Num: <u>LD11-74HN Pad</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWSE</u> Sec: <u>2</u> Twp: <u>9N</u> Rng: <u>58W</u> Meridian: <u>6</u>	
	Lat: <u>40.774600</u> Long: <u>-103.828710</u>
Field Name: <u>Wildcat</u>	Field Number: <u>99999</u>

DESCRIPTION

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail):

At approximately 1130am, a Noble Energy employee was injured by a compressor fire at a company location in rural Northeast Weld County, Colorado. The compressor fire was fully extinguished, and Emergency medical services were contacted immediately and the employee was transported via life flight to North Colorado Medical Center in Greeley for further evaluation and treatment. Noble Energy has formed an incident investigation team and is currently working to determine the potential cause (s) of the incident.

OTHER NOTIFICATIONS

List the parties and agencies notified (LDG, County, BLM EPA, DOT, Local Emergency Planning Coordinator or others)

Date	Agency	Contact	Response
05/21/2015	CDPHE		
05/21/2015	OSHA		Left message, awaiting 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: Ronnie Hennesey Email: Ronnie.Hennesey@nblenergy.com

Signature: _____ Title: EHS Manager Date: 05/21/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files