

**FORM  
22**Rev  
05/13**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: 100322 Contact Name: Ronnie Hennesey  
Name of Operator: NOBLE ENERGY INC Phone: (720) 3265417  
Address: 1625 BROADWAY STE 2200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: Ronnie.Hennesey@nblenergy.com

**DESCRIPTION OF ACCIDENT**(Please be as specific as possible)

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

**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