

FORM
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Rev
06/18

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:
02/25/2020

Accident Tracking No.:
402321283

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>100322</u>	Contact Name: <u>Howard Aamold</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(970) 3045014</u>
Address: <u>1001 NOBLE ENERGY WAY</u>	Fax: <u>()</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77070</u>	Email: <u>howard.aamold@nblenergy.com</u>

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

Date of Accident: <u>02/23/2020</u>	Time of Accident: <u>11:40 AM</u>
API Number: 05- <u>123-24937</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>KREPS</u>	Well/Facility Num: <u>6-35</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SWSW</u> Sec: <u>6</u> Twp: <u>6N</u> Rng: <u>64W</u> Meridian: <u>6</u>	
	Lat: <u>40.511190</u> Long: <u>-104.598050</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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
If YES, enter the Document Number of the Initial Spill/Release Report, Form 19:	<u>402321206</u>
Was there a Grade 1 Gas Leak associated with this accident ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report, Form 44:	<u>402321329</u>

DESCRIPTION OF ACCIDENT

Number of members of the general public injured: <u>0</u>
Number of workers injured: <u>0</u>
Number of general public fatalities: <u>0</u>
Number of worker fatalities: <u>0</u>

Type of Accident (check all that apply):

<input type="checkbox"/> Fire
<input type="checkbox"/> Explosion
<input type="checkbox"/> Detonation
<input checked="" type="checkbox"/> Uncontrolled Release
<input type="checkbox"/> Other Description: _____

Detailed Description of Accident:

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

An unintentional release attributed to damage to the backside casing automation gauge that was broke off due to cows rubbing on well head guards which came in contact with automation gauge at the Kreps 6-35 wellhead.

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: Howard Aamold Email: howard.aamold@nblenergy.com

Signature: _____ Title: Environmental Coordinator Date: 02/25/2020

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to April 26, 2020 provide policies, practices and procedures implemented to prevent future occurances
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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)

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