

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

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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 occurrences
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Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files

<u>General Comments</u>		
<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval
Total: 0 comment(s)		

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