

FORM
22

Rev
01/20

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:
03/02/2020

Accident Tracking No.:
402327946

ACCIDENT REPORT

As required by Rule 602.d.

CONTACT INFORMATION

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 100322 Contact Name: Brian Taylor
Name of Operator: NOBLE ENERGY INC Phone: (303) 241-0403
Address: 1001 NOBLE ENERGY WAY Fax: ()
City: HOUSTON State: TX Zip: 77070 Email: brian.taylor@noblenenergy.com

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

Date of Accident: 02/23/2020 Time of Accident: _____
API Number: 05- 123-25441 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: SATER C Well/Facility Num: 23-22
County: WELD
Location: QTRQTR: SWNE Sec: 23 Twp: 4N Rng: 64W Meridian: 6
Lat: 40.298130 Long: -104.513558
Field Name: WATTENBERG Field 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: _____

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 19: _____

DESCRIPTION OF ACCIDENT

Number of members of the general public injured: 0
Number of workers injured: 0
Number of general public fatalities: 0
Number of worker fatalities: 0

Type of Accident (check all that apply):

- ☐ Fire
☐ Explosion
☐ Detonation
☒ Uncontrolled Release
☐ 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 Sater C 23-22 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: Tesls Dougherty

Email: tesla.dougherty@nblenergy.com

Signature: _____

Title: EHS Specialist

Date: 03/02/2020

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

	Noble had similar issue the same day. Information for that incident will suffice for this incident
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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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