

FORM
22

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:
11/09/2018

Accident Tracking No.:
401834240

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>Bryan Mickiewicz</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(970) 3045244</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>Bryan.Mickiewicz@nblenergy.com</u>

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

Date of Accident: <u>11/07/2018</u>	Time of Accident: <u>1:45 PM</u>
API Number: <u>05-</u>	Facility ID: <u>454886</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>H</u>	Well/Facility Num: <u>26-22 Pad</u>
County: <u>WELD</u>	
Location: QTRQTR: <u>SENE</u> Sec: <u>26</u> Twp: <u>3N</u> Rng: <u>65W</u> Meridian: <u>6</u>	
	Lat: <u>40.197400</u> Long: <u>-104.625000</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 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 Grade 1 Gas Leak Report, Form 44: _____

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.

A location fire was reported at approximately 13:45 on the Noble controlled Hurley frac pad.

During hydraulic fracturing operations on the Hurley H26-712 well operations were reported as normal. At approximately 13:45, workers near the area of the pumps noticed a fire between pump 9 and 10.

The equipment was shut down and attempts to extinguish the fire by four workers in its incipient stages were unsuccessful. Immediately, all equipment was shut down, fuel sources shut in, wells secured hydraulically, and the site evacuated. 911 was notified by the on-site crew, all personnel were verified, and the Platte Valley Fire Department was dispatched to the site to begin assessment of the site. Incident Command was set up outside the entrance to the site and the fire quickly spread to additional pumps in the area and was eventually extinguished by emergency responders by deployment of AFFF (Aqueous Film Forming Foam). Total damage was eight frac pumps and ancillary equipment. No well or wellhead damage reported.

All personnel were evacuated and accounted for. No injuries or environmental impact. Root Cause Analysis is being conducted.

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: Bryan Mickiewicz Email: Bryan.Mickiewicz@nblenergy.com
 Signature: _____ Title: EHSR Manager Date: 11/09/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Prior to January 15, 2019 provide Subsequent Form 22 with root cause. Include documentation of policies, procedures, practices or training implemented to prevent future occurrences. With Subsequent Form 22 also include notification and Response agencies list in Notification and Responders tab of form.
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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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