

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:
06/25/2021

Accident Tracking No.:
402730168

ACCIDENT REPORT

As required by Rule 602.f.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>100322</u>	Contact Name: <u>Mosiah Montoya</u>
Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 2492425</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>mo.montoya@chevron.com</u>

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

Date of Accident: <u>06/13/2021</u>	Time of Accident: <u>300 PM</u>	
API Number: 05- _____	Facility ID: <u>426414</u>	Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>SLW State PC</u>	Well/Facility Num: <u>BB18-67HN Multi</u>	
County: <u>WELD</u>		
Location: QTRQTR: <u>SWNW</u>	Sec: <u>18</u>	Twp: <u>5N</u>
		Rng: <u>63W</u>
		Meridian: <u>6</u>
	Lat: <u>40.401440</u>	Long: <u>-104.486840</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 Spill/Release 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

Vandalism

Terrorism

Hazardous Chemical

Other Description: _____

Firefighting Foam or Chemical Use

Were firefighting foams/chemicals utilized? Yes

If YES, please list the type, application percentage, and quantity of the firefighting foams/chemicals used:

I was able to make contact with our pump operator the evening of lightning strike at 61 & 388. He stated that they used less than 1 gallon of foam... basically, they set the foam eductor to 1%, charged the hoseline, and then decided not to use foam. So what was applied was basically the amount to flush the hoseline.

The foam that we use here at Platte Valley is Novacool. It does not contain PFAS, and we have been using it for several years.

Detailed Description of Accident:

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

A lightning strike caused two fiberglass water tanks to catch on fire. The local fire department was called out and extinguished the fire. There were no injuries reported and the fire was put out by the fire department.

A field specialist was performing work on another location close to the SLW State PC BB 18-65, 66 HN, and noticed a storm moving in. The field specialist safely left location and stayed in their vehicle. While in the vehicle he noticed that lightning struck another location. He called the fire department and the responded to the location. After making the call to the fire department the field specialist remotely shut in the well utilizing InTouch. The IOC then set pressure parameters to ensure the well would not start back up.

The Kersey & Galeton fire departments responded and put the fire out. The fire was contained to the two fiberglass produced water tanks. The north water tank level was approximately 9 feet (~ 180 bbls) cracked at the swadge releasing 3bbl of produced water into the pit; while the south water tank level was approximately 4.5 feet (~90 bbls) did not discharge any material.

This location did not have a grounding grid but had a few grounding posts that truck drivers can utilize. Automation went out to location and ensure the automation was still functioning as intended, except for the two produced water tank level gauges damaged by the fire. This is not a protection against lightning.

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
06/19/2021	Weld Office of Emergency Management	Roy Rudisill	E-mail. Thanks Mo.
06/19/2021	COGCC	Mike Leonard	Call and Email of the Incident

OPERATOR COMMENTS and SUBMITTAL

[Empty box for 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: Mosiah Montoya Email: mo.montoya@chevron.com

Signature: _____ Title: Regulatory Comp Manager Date: 06/25/2021

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

COA Type

Description

0 COA	
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Attachment List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)
