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FORM 22 Rev 6/99

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY

Report taken by:

ACCIDENT REPORT

As required by Rule 602.b.

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: Anadarko Petroleum Corporation
Date of Incident: August 27, 2010
Type of Facility (well, tank battery, flow line, pit): well
Well Name and Number: Foster UPRR 32-35
API Number: 0512317057
Connect to Accident (land owner, royalty owner, etc).: Royalty owner

Location
County: Weld
Field Name: Wattenberg
QtrQtr: SWNE Section: 35
Township: T3N Range: R65W
Meridian:

Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):

While rigging up, the crew was taking apart the wellhead. They had placed a winch line on the wellhead to help support the wellhead piping being removed. They were unscrewing the wellhead above the master valve and when it released from the threads, it became unbalanced on the winch line and tipped over towards the rig worker (John Reyes). It struck the top-front of his hard hat and pushed it down onto his forehead causing a laceration. First aid was done at location, but wound continued to bleed. He was taken to Banner Occupational Health Services in Greeley for treatment. He received 3 sutures to close wound and medication for headache.

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Agency	Contact Person	Response

Accident Tracking No:_____