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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: Williams Production RMT Company
Date of Incident: March 26, 2011
Type of Facility (well, tank battery, flow line, pit): Well Pad
Well Name and Number: Burchfield RWF 44-32
API Number: 05 045 19346 00
Connect to Accident (land owner, royalty owner, etc).: Operator

Location
County: Garfield
Field Name: Rulison
QtrQtr: SE SE Section: 32
Township: 6 South Range: 94 West
Meridian: 6th PM

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

A drilling contractor was in the process of removing drill cuttings from the mud tanks with a hydrovac truck in preparation for a rig move. The contractor was standing on the back of the truck and opened the wrong valve which blew him from the back of the truck onto the ground. The fall caused a hairline fracture to his right wrist. The incident occurred at 9:45 PM on March 26, 2011. Shaun Kellerby with the COGCC was notified on the incident by e-mail at 9:05 AM on March 27, 2011.

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:_____