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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 29, 2011
Type of Facility (well, tank battery, flow line, pit): Well
Well Name and Number: Savage PA 541-9
API Number: 05 045 19720 00
Connect to Accident (land owner, royalty owner, etc).: Operator

Location

County: Garfield
Field Name: Parachute
QtrQtr: SW SE Section: 4
Township: 7 South Range: 95 west
Meridian: 6th PM

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

A completions contractor slipped when tailing in a joint of tubing from the float to the rig and strained his left knee and lower back. The incident occurred at 6:30 PM on March 29, 2011 and the contractor was placed on restricted duty by a physician the following day. The injury was not reported to Williams until Monday April 4, 2011. Shaun Kellerby with the COGCC was notified by e-mail of the injury at 12:50 PM on April 4, 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:_____