



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

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: <u>Occidental Oil & Gas</u>	Location
Date of Incident: <u>9 April 2011</u>	County: <u>Garfield</u>
Type of Facility (well, tank battery, flow line, pit): <u>Drilling Location</u>	Field Name: <u>Cascade Creek</u>
Well Name and Number: <u>C.C. 697-08-14</u>	QtrQtr: <u>NE/NE</u> Section: <u>8</u>
API Number: <u>0504518130</u>	Township: <u>6 South</u> Range: <u>97West</u>
Connect to Accident (land owner, royalty owner, etc.): <u>FEE</u>	Meridian: <u>6</u>

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

On Saturday, April 9 of 2011, our drilling operations at the above established location experienced an incident that has been cassified as OSHA Recordable.

A worker for a pipe inspection contract company (Total Depth Inspection) experienced shoulder pain while rolling casing on a pipe rack as another worker painted a casing running tool marker line on the casing. The worker in question reported the shoulder pain as a preexisting condition stemming from a 2003 shoulder injury. A TDI supervisor picked the worker up from location and carried him for evaluation at St. Mary's Hospital in Grand Junction.

The worker was given prescription strength pain medication upon arrival at St. Mary's Hospital and an additional prescription for pain medication upon his release from the emergency room. The worker was also restricted from work for two days until his follow up evaluation with an occupational clinic.

The prescribed medications along with the restriction of work define this case as "recordable" by OSHA standards as defined in 29CFR1904.

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: _____