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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: May 7, 2011
Type of Facility (well, tank battery, flow line, pit): Well
Well Name and Number: Exxon Mobil GM 41-34
API Number: 05 045 19907 00
Connect to Accident (land owner, royalty owner, etc).: Operator

Location

County: Garfield
Field Name: Grand Valley
QtrQtr: NW NE Section: 34
Township: 6 South Range: 96 West
Meridian: 6th PM

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

When attaching the rig flowline to the BOP during the nipple up process the contractor placed his right thumb in a bolt hole to see if properly lined up and the BOP shifted causing a laceration to his thumb. The laceration required sutures to close. He was not placed on restricted duty and their was no lost time associated with the injury. The incident occurred at 4:30 AM on May 7, 2011. Shaun Kellerby with the COGCC was notified of the incident on May 7, 2011 at 1:03 PM by e-mail.

OTHER NOTIFICATIONS

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

Date	Agency	Contact Person	Response
May 10, 2011	BLM	Steve Ficklin	E- Mail

Accident Tracking No:_____