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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
Date of Incident: 07/07/2011
Type of Facility (well, tank battery, flow line, pit): Well Site - Drilling Rig
Well Name and Number: KP 511-22
API Number: 05 045 20265 00
Connect to Accident (land owner, royalty owner, etc).: Operator

Location
County: Garfield
Field Name: Mamm Creek
QtrQtr: SENW Section: 22
Township: 6S Range: 91W
Meridian: 6

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

A drilling contractor placed his hand on the pipe manifold. The manifold had a small leak. His thumb was injected with drilling mud. He was taken to the hospital for removal of drilling mud from his thumb.

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:_____