

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

**ACCIDENT REPORT**

As required by Rule 602.b.

Report taken by:

**DESCRIPTION OF ACCIDENT** (Please be as specific as possible)

|   |  |
|---|--|
| <b>Name of Operator:</b> <u>Williams Production RMT Company</u>               | <b>Location</b>  |
| <b>Date of Incident:</b> <u>June 30, 2011</u>                                 | <b>County:</b> <u>Rio Blanco</u>                             |
| <b>Type of Facility (well, tank battery, flow line, pit):</b> <u>Well Pad</u> | <b>Field Name:</b> <u>Sulpher Creek</u>                      |
| <b>Well Name and Number:</b> <u>Federal BCU 313-31-198</u>                    | <b>QtrQtr:</b> <u>Lot 6</u> <b>Section:</b> <u>31</u>        |
| <b>API Number:</b> <u>05 103 11850 00</u>                                     | <b>Township:</b> <u>1 North</u> <b>Range:</b> <u>98 West</u> |
| <b>Connect to Accident (land owner, royalty owner, etc.):</b> <u>Operator</u> | <b>Meridian:</b> <u>6th PM</u>                               |

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

After securing a load to a trailer with a flip type chain boomer, the contractor tapped the handle on the boomer with a cheater bar to check for lock on the boomer. The boomer came unlocked and the handle forced the cheater back into the forehead of the contractor causing a laceration. The laceration required sutures to close. Their was no lost time or work restrictions associated with the injury as the contractor returned to work the following day. The incident occurred on June 30, 2011 at 1:00 PM. Shaun Kellerby with the COGCC was notified of the incident on July 1, 2011 at 8:42 AM 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 |
|------|--------|----------------|----------|
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|      |        |                |          |

Accident Tracking No: \_\_\_\_\_