



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: Williams Production RMT Company	Location
Date of Incident: July 20, 2011	County: Garfield
Type of Facility (well, tank battery, flow line, pit): Well	Field Name: Mamm Creek
Well Name and Number: CDOW KP 322-22	QtrQtr: SE NW Section: 22
API Number: 05 045 20268 00	Township: 6 South Range: 91 West
Connect to Accident (land owner, royalty owner, etc.): Operator	Meridian: 6th PM

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

When pulling pipe slips a drilling contractor strained a muscle in his lower back. He was seen by a physician and placed on modified duty. The incident occurred at 7:20 PM on July 20, 2011. Shaun Kellerby with the COGCC was notified of the incident by e-mail on July 21, 2011 at 11:46 PM.

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: \_\_\_\_\_