

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)

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