

FORM
22
Rev 5/99

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: EnCana Oil and Gas
Date of Incident: July 31, 2011
Type of Facility (well, tank battery, flow line, pit): Drill Rig
Well Name & Number: J12A Benzel 6-11H
API Number: 05-045-20326
Connect to Accident (land owner, royalty owner, etc.): Harold Schaeffer

Location	
County: Garfield	
Field Name: Mamm Creek	
QtrQtr: NW 1/4 SE 1/4	Section: 12
Township: 7D	Range: R93W
Meridian: 6th	

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

Patterson 326 Floorman struck in mouth while unlatching elevators resulting in chipped Tooth. Medical Aid.

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: _____