

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 & Gas USA INC.
Date of Incident:	8-31-11
Type of Facility (well, tank battery, flow line, pit):	well pad
Well Name & Number:	RD10
API Number:	05045100320000
Connect to Accident (land owner, royalty owner, etc.)	Encana Oil & Gas USA

Location	
County:	Garfield
Field Name:	Rullison
QtrQtr:	NWNW
Section:	10
Township:	7S
Range:	94W
Meridian:	6Th PM

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

An Employee was using a reciprocating saw to cut used gauging rod at a location. When the saw got to the end of the cut, the employee pulled the cut end of the tubing across his thumb, causing a cut, roughly 1.25 inches long. The employee received 6 stitches.

**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: \_\_\_\_\_ |2011-01