

FORM
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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

RECEIVED
9/21/2011

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>	Location
Date of Incident: <u>September 19, 2011</u>	County: <u>Garfield</u>
Type of Facility (well, tank battery, flow line, pit): <u>Well</u>	Field Name: <u>Parachute</u>
Well Name and Number: <u>Federal PA 533-20</u>	QtrQtr: <u>Lot 8</u> Section: <u>20</u>
API Number: <u>05 045 20242 00</u>	Township: <u>6 South</u> Range: <u>95 West</u>
Connect to Accident (land owner, royalty owner, etc.): <u>Operator</u>	Meridian: <u>6th PM</u>

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

A drilling rig contractor strained a tendon in his left wrist when unlatching a stand of pipe while working from the tubing board. The incident occurred at 7:30 am on September 19, 2011 and the contractor did not seek medical attention for the injury until September 20, 2011 at which time he was placed on modified duty by a physician. He is expected to be on modified duty for 7 days. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 7:10 AM on September 21, 2011.

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: _____