

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

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10/7/2011

**ACCIDENT REPORT**

Report taken by:

As required by Rule 602.b.

**DESCRIPTION OF ACCIDENT** (Please be as specific as possible)

|  |  |
|--|--|
| Name of Operator: <u>PDC Energy</u>  | Location                               |
| Date of Incident: <u>10/6/2011 @ 9:30 AM</u>                                   | County: <u>Weld</u>                    |
| Type of Facility (well, tank battery, flow line, pit): <u>TANK BATTERY</u>     | Field Name: <u>Wattenberg</u>          |
| Well Name and Number: <u>MININGER HOFF 1-2</u>                                 | QtrQtr: <u>NWNW</u> Section: <u>15</u> |
| API Number: <u>123-11966</u>   | Township: <u>6N</u> Range: <u>65W</u>  |
| Connect to Accident (land owner, royalty owner, etc.): <u>COMPANY EMPLOYEE</u> | Meridian: <u>6</u>                     |

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

PDCE employee recieved contusion to thigh and knee areas while working on a UST with a pipe wrench, Employee was taken to Greeley Medical Clinic on 10/6/2011 for medical treatment. He was treated and released the same day. Employee is assigned to light duty until follow-up appt on 10/10/2011.

**OTHER NOTIFICATIONS**

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

| Date | Agency | Contact Person | Response |
|------|--------|----------------|----------|
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Accident Tracking No: \_\_\_\_\_