

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
10/17/2011

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

| | |
|---|----------------------------------|
| Name of Operator: Williams Production RMT Company | Location |
| Date of Incident: October 15, 2011 | County: Garfield |
| Type of Facility (well, tank battery, flow line, pit): Well | Field Name: Grand Vally |
| Well Name and Number: Federal MV 8-4 | QtrQtr: NESE Section: 4 |
| API Number: N/A 045-06615 | Township: 7 South Range: 96 West |
| Connect to Accident (land owner, royalty owner, etc.): Operator | Meridian: 6 |

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

Contractor reports that a sheet metal panel fell cutting right ring finger. The injury required 17 stitches. The incident occurred at 11:00AM on Saturday October 15, 2011. Shaun Kellerby with COGCC was notified of the incident by email at 11:20AM on Monday October 17, 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: _____