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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

FOR OGCC USE ONLY

RECEIVED 10/19/2011

Report taken by:

ACCIDENT REPORT

As required by Rule 602.b.

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: OXY USA WTP LP

Date of Incident: 10-12-11

Type of Facility (well, tank battery, flow line, pit): Logan Wash 28-10 Salt-Water Disposal

Well Name and Number: Logan Wash 28-10 Salt-Water Disposal/ 421296

API Number: NA (Well Pad)

Connect to Accident (land owner, royalty owner, etc).: Oxy Employee

Location

County: Garfield

Field Name: Logan Wash

QtrQtr: NWSE Section: 31

Township: 7 South Range: 97 West

Meridian: 6th

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

While making an inspection at the 28-10, employee was stung by a bee or hornet on the left thumb. Employee went to Work Partners and was given 2 OTC Benadryl and observed for 20 minutes to see if swelling went down. Employee was instructed to go home, take 2 more Benadryl in 6 hours and return the next day for follow-up observation. Returned to Work Partners the next day for follow-up exam and was given prescription antibiotic for infection.

OTHER NOTIFICATIONS

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

Date	Agency	Contact Person	Response
10-13-11	BLM	Bob Hartman	Report not requested for Bee Sting

Accident Tracking No:_____