

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

Report taken by:

ACCIDENT REPORT

As required by Rule 602.b.

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: EnCana Oil & Gas
Date of Incident: 11/08/11
Type of Facility (well, tank battery, flow line, pit): Well pad
Well Name & Number: E34-496
API Number: 05045150940000
Connect to Accident (land owner, royalty owner, etc.): EnCana Contractor

Location	
County: Garfield	
Field Name: North Parachute	
QtrQtr: SWNW	Section: 34
Township: 4 S	Range: 96W
Meridian: 6th	

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

While removing snow and repairing netting structure from pit on E34, a contractor slipped on the uneven and snow-covered berm and rolled his right knee.

Other Notifications

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

Date	Agency	Contact Person	Response