

FORM
22
Rev 5/99

**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

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: Encana
Date of Incident: 12/09/11
Type of Facility (well, tank battery, flow line, pit): (PA30)
Well Name & Number: Federal 29-4A
API Number : 05045207860000
Connect to Accident (land owner, royalty owner, etc.)

Location Parachute	
County: Garfield	
Field Name: Parachute	
QtrQtr: NENE	Section: 30
Township: 7 S	Range: 95 W
Meridian: 6th PM	

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

Completions PD-30 (SP) Injury (Medical Aid /Restricted Work) 12-09-11 Schlumberger. Employee was tightening iron on frac location using a 6 pound sledge hammer when he felt a pop in Shoulder and tingling and swelling in right hand employee was taken to grand river medical center in rifle Colorado.

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.: I2011-01922 _