

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

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: <u>Williams Production RMT Company</u>		Location	
Date of Incident: <u>December 7, 2011</u>		County: <u>Garfield</u>	
Type of Facility (well, tank battery, flow line, pit): <u>Well</u>		Field Name: <u>Grand Valley</u>	
Well Name and Number: <u>Bosely SG 544-22</u>		QtrQtr: <u>SW SW</u>	Section: <u>23</u>
API Number: <u>05 045 20678 00</u>		Township: <u>7 South</u>	Range: <u>96 West</u>
Connect to Accident (land owner, royalty owner, etc.): <u>Operator</u>		Meridian: <u>6th PM</u>	

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

During rig up operations a drilling contractor pinched his right hand little finger between the handle on the hammer and angle beam on skid rail when swinging the hammer at the pin. The incident occurred at 12:00 PM on December 7, 2011 and the contractor continued to work until an x-ray was taken of the finger on December 29, 2011 at which time a fracture was noted by the physician. There was no lost time or work restrictions placed on the injured contractor by the physician. Shaun Kellerby with the COGCC was notified of the recordable injury by e-mail at 2:00 PM on December 30, 2011.

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: _____