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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

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: 01-05-12
Type of Facility (well, tank battery, flow line, pit): 604-12-13 Pad Entrance
Well Name and Number: 604-12-13 Pad Entrance/ NA
API Number: NA (Pad Entrance)
Connect to Accident (land owner, royalty owner, etc).: Contract Employee

Location
County: Garfield
Field Name: Cascade Creek
QtrQtr: NWSW Section: 4
Township: 6 South Range: 97 West
Meridian: 6th

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

On 01-05-12 a Flint contract employee was entering an excavation, when he jumped at a down-ward angle and, upon landing, injured his right knee. Upon the IP's request, he was taken to Work Partners for an exam. An x-ray was taken and the results were negative. Work Partners scheduled an MRI for the IP's affected knee. Work Partners observed what was thought to be a torn ACL and a bucket-handle meniscus tear on the MRI. The IP went to a surgical consult in which the surgeon agreed with the prognosis given by Work Partners. On 01-09-12, a rigid knee brace was provided to support the knee, along with work restrictions recommended by Work Partners.

OTHER NOTIFICATIONS

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

Date	Agency	Contact Person	Response
01/12/12	COGCC	Shaun Kellerby	

Accident Tracking No:_____