

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 Oil and Gas
Date of Incident: 1/24/2012
Type of Facility (well, tank battery, flow line, pit): Production Location
Well Name & Number: Lower Horse Draw UN 2177
API Number: 05103099410000
Connect to Accident (land owner, royalty owner, etc.) Encana

Location	
County: Rio Blanco	
Field Name: Rangley	
QtrQtr: SE NE	Section: 22
Township: T2S	Range: 103 W
Meridian: 4	

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

1/24/2012 at 8:25am a contractor performing a swabbing service for Encana on the Lower Horse Draw UN 2177 location was involved in an accident when his equipment fell on his left hand crushing the left index, middle and thumb, the injury required transport to Salt Lake and the accident resulted in him losing his index and middle finger on the hand.

**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: \_\_I2012-00106