

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

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2/24/2012

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: 2-23-2012
Type of Facility (well, tank battery, flow line, pit): well site
Well Name & Number: SG WD08A
API Number: 05045211310000
Connect to Accident (land owner, royalty owner, etc.): Encana property

Location SGU C19	
County: Garfield	
Field Name: North Piceance	
QtrQtr: SENE	Section: 19
Township: 4S	Range: 95 W
Meridian: 6th	

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

Patterson employee was picking up a saber sub and slipped smashing his right index finger, causing a fracture to tip of finger requiring 12 stitches

Other Notifications

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

Date	Agency	Contact Person	Response