

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

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5/3/2012

**ACCIDENT REPORT**

As required by Rule 602.b.

Report taken by:

**DESCRIPTION OF ACCIDENT** (Please be as specific as possible)

Name of Operator: <u>PDC Energy</u>	Location
Date of Incident: <u>4/30/12</u>	County: <u>Yuma</u>
Type of Facility (well, tank battery, flow line, pit): <u>Lease Road</u>	Field Name: <u>DJ Basin</u>
Well Name and Number: <u>Engel 1-10</u>	QtrQtr: <u>SWSW</u> Section: <u>10</u>
API Number: <u>05-125-06098</u>	Township: <u>3S</u> Range: <u>42W</u>
Connect to Accident (land owner, royalty owner, etc.): _____	Meridian: <u>6</u>

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

Employee was attempting to push a 4-wheeler out of the mud and recieved a strain to his right shoulder. The employee recieved medical treatment on 5/3/12 at the Wray Clinic. He was released to full duty with no restrictions.

**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: \_\_\_\_\_