

FORM
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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

RECEIVED
6/8/2012

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: <u>WPX Energy Rocky Mountain, LLC</u>	Location
Date of Incident: <u>06/06/2012</u>	County: <u>Garfield</u>
Type of Facility (well, tank battery, flow line, pit): <u>Well</u>	Field Name: <u>Mesa Verde</u>
Well Name and Number: <u>MV 8-4</u>	QtrQtr: <u>NESE</u> Section: <u>4</u>
API Number: <u>05-045-6615</u>	Township: <u>7 South</u> Range: <u>96 W</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.):

Contractor was pounding T-Posts when post pounder slipped and caused the contractor's right hand to be cut by post. Contractor was taken to the hospital where sutures were applied. Shaun Kellerby with COGCC was notified of the incident via email on 06/07/2012 at 1:20 PM.

OTHER NOTIFICATIONS

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

Date	Agency	Contact Person	Response
06/07/2012	BLM	Julie King	

Accident Tracking No: _____