

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

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 & Gas
Date of Incident: 2/7/13
Type of Facility (well, tank battery, flow line, pit): Well
Well Name & Number: MCU26-12A
API Number: 05045216020000
Connect to Accident (land owner, royalty owner, etc.): EnCana Employee

Location	
County:Garfield	
Field Name:I27W	
QtrQtr: NE/SE	Section: 27
Township: 7	Range: 93
Meridian: 6th	

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

A contractor was struck in the head and suffered a headache and soreness to his back and was given a prescription by doctors at the Grand River Medical Center. He and a co-worker were installing a pair of small communication towers. One of towers tipped over and fell on him before they secured it.

Other Notifications

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

Date	Agency	Contact Person	Response

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