

FORM
22
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**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 USA
Date of Incident: 3-17-13
Type of Facility (well, tank battery, flow line, pit): Drilling Location
Well Name & Number: Federal 21-15D
API Number: 05045212860000
Connect to Accident (land owner, royalty owner, etc.):

Location: PJ21
County: Garfield
Field Name: Parachute
QtrQtr: NWSE Section: 21
Township: 7S Range: 95W
Meridian: 6

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

A new employee was assisting in inspection of the fluid ends on Number 2 mud pump, he had observed the process on the first two cylinders, and was performing the operation by himself for the first time, his mentor was there with him. The employee was removing the thread in cylinder head cap, it came loose unexpectedly and dropped 6 inches to the containment grate, the employee's right middle finger was crushed between the 60 pound cap and the grate, and the employee instinctively jerked his hand back. The result of the injury was the finger nail was mostly removed, and the finger suffered a laceration across the finger as well. The employee was wearing common cotton rig gloves at the time of the incident. A JRA, a permit to work as well as LOTO were in place at time of incident This was the injured employee's first shift on the rig. Axiom medical is involved in the incident.

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: _I2013-0033f