

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 OSGCC 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: <u>WPX Energy Rocky Mountain LLC</u>	Location
Date of Incident: <u>March 14, 2013</u>	County: <u>Garfield</u>
Type of Facility (well, tank battery, flow line, pit): <u>Well</u>	Field Name: <u>Grand Valley</u>
Well Name and Number: <u>Lantz SG 334-23</u>	QtrQtr: <u>SE SE</u> Section: <u>23</u>
API Number: <u>05 045 21687 00</u>	Township: <u>7 South</u> Range: <u>96 West</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.):

A completions contractor fell from a wellhead while utilizing fall protection and landed on flowback iron bruising his back. The injury was classified as a first aid then elevated to a recordable injury on April 19, 2013 when an MRI revealed small fractures to several vertebrae. There is no work restrictions or lost time associated with the injury. The contractor failed to notify the operator of the injury status change until Wednesday April 24, 2013 at which time Shaun Kellerby with the COGCC was notified by e-mail at 4:06 PM.

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: _____