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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

Report taken by:

ACCIDENT REPORT

As required by Rule 602.b.

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: WPX Energy Rocky Mountian LLC
Date of Incident: January 4, 2014
Type of Facility (well, tank battery, flow line, pit): Well
Well Name and Number: DOE 2-W-20 Pad
API Number: 05-045-06794
Connect to Accident (land owner, royalty owner, etc).: Operator

Location
County: Garfield
Field Name: Parachute
QtrQtr: NENE Section: 20
Township: 6S Range: 95W
Meridian: 6Th PM

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

On January 4th, WPX employee slipped on some ice while getting into his truck. He caught the steering wheel to steady himself, but his legs continued to slide underneath the truck, causing his shins to hit the running boards on his truck and ultimately overextending his right knee. Classified as a first aid at the time of the incident. After several doctor visits and a MRI, surgery was deemed required by an orthopedic doctor on 1/22/2014. The LTA status was determined late yesterday with the employee's first day off being today, 1/24/14.

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:_____