Click here to reset form

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 Mountain, LLC
Date of Incident: June 17, 2014
Type of Facility (well, tank battery, flow line, pit): Well
Well Name and Number: Savage RWF 333-25
API Number: 05 045 22004 00
Connect to Accident (land owner, royalty owner, etc).: Operator

Location
County: Garfield
Field Name: Rulison
QtrQtr: SW SE Section: 25
Township: 6 South Range: 94 West
Meridian: 6th PM

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

A contractor was entering his truck after unloading drilling fluid product on location. A fire extinguisher fell from the headache rack on the truck and landed on the contractor's right foot just above the steel toe, causing a hairline fracture. The contractor was seen by a physician in the ER at Grand River Hospital in Rifle, Colorado and placed on modified duty and prescribed pain medication by the physician. The incident occurred at 5:00 PM on June 17th, 2014. Shaun Kellerby with the GOGCC was notified of the incident by e-mail at 12:52 PM on June 18th, 2014.

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:_____