

FORM  
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Rev  
05/13

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:  
07/07/2014

Accident Tracking No.:  
400640188

**ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**

Initial Notice of Accident       Subsequent Notice of Accident

OGCC Operator Number: <u>96850</u>	Contact Name: <u>Delbert Dowling</u>
Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 623-8918</u>
Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>delbert.dowling@wpxenergy.com</u>

**DESCRIPTION OF ACCIDENT**(Please be as specific as possible)

Date of Accident: <u>07/06/2014</u>	Time of Accident: <u>5:30 PM</u>
API Number: 05- <u>045-22407</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>Hicks PA</u>	Well/Facility Num: <u>544-6</u>
County: <u>GARFIELD</u>	
Location: QTRQTR: <u>SESW</u> Sec: <u>6</u> Twp: <u>7S</u> Rng: <u>95W</u> Meridian: <u>6</u>	
	Lat: <u>39.461932</u> Long: <u>-108.041375</u>
Field Name: <u>PARACHUTE</u>	Field Number: <u>67350</u>

**DESCRIPTION**

Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail):

A drilling contractor had to be treated for heat related illness at local hospital ER. Contractor was given fluids and muscle relaxers by IV and released to full duty. The contractor was taken by private vehicle from location at 5:30 PM on July 6th, 2014. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 8:52 AM on July 7th, 2014.

**OTHER NOTIFICATIONS**

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

Date	Agency	Contact	Response

**OPERATOR COMMENTS and SUBMITTAL**

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Delbert Dowling Email: delbert.dowling@wpxenergy.com  
Signature: \_\_\_\_\_ Title: Safety Specialist Date: 07/07/2014

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

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**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files