

FORM  
22

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:  
**08/21/2014**

Accident Tracking No.:  
**400670379**

**ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 96850 Contact Name: Delbert Dowling  
Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 623-8918  
Address: 1001 17TH STREET - SUITE #1200 Fax: (970) 285-9573  
City: DENVER State: CO Zip: 80202 Email: delbert.dowling@wpxenergy.com

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

Date of Accident: 08/18/2014 Time of Accident: 10:30 AM  
API Number: 05- 045-22370 Facility ID: \_\_\_\_\_ Type of Facility: WELL  
Well/Facility Name: Puckett Land Company PA Well/Facility Num: 744-26  
County: GARFIELD  
Location: QTRQTR: NENE Sec: 35 Twp: 6S Rng: 95W Meridian: 6  
Lat: 39.487886 Long: -107.960342  
Field Name: PARACHUTE Field Number: 67350

**DESCRIPTION**

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

Contractor slipped and fell to the ground when climbing down ladder on pump truck fracturing right wrist. Due to the nature of the fracture the contractor is unable to work per physician directions. The incident occurred on August 18, 2014 at 10:30 AM. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 2:37 PM the day of the incident.

**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 Date: 08/21/2014

**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