

**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:  
**01/14/2015**Accident Tracking No.:  
**400770911****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: 01/06/2015 Time of Accident: 11:50 PM  
API Number: 05- 045-22461 Facility ID: \_\_\_\_\_ Type of Facility: WELL  
Well/Facility Name: Federal GM Well/Facility Num: 702RD-4-HN1  
County: GARFIELD  
Location: QTRQTR: SWNE Sec: 4 Twp: 7S Rng: 96W Meridian: 6  
Lat: 39.469408 Long: -108.112800  
Field Name: GRAND VALLEY Field Number: 31290

**DESCRIPTION**

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

When cleaning a well cellar using a hydro-vac truck, the drilling contractor got some debris in the left eye. The injured contractor was seen by a physician the day of the injury and was prescribed medications for pain and infection. The incident occurred at 11:50 AM on January 6, 2015 and was not reported to the operator until January 14, 2015. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 8:12 AM on January 14, 2014.

**OTHER NOTIFICATIONS**

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

Date	Agency	Contact	Response
	BLM	David Giboo	NTL3A Form

**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: 01/14/2015

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

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**General Comments**

**User Group**

**Comment**

**Comment Date**

#Error		
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Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files