

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:
01/15/2015

Accident Tracking No.:
400772528

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

☐ Initial Notice of Accident ☒ Subsequent Notice of Accident

OGCC Operator Number: 96850 Contact Name: Chris Foeller
Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 5894438
Address: 1001 17TH STREET - SUITE #1200 Fax: (970) 2859573
City: DENVER State: CO Zip: 80202 Email: christopher.foeller@wpxenergy.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 01/13/2015 Time of Accident: 10 AM
API Number: 05- 045-12592 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: BOSELY Well/Facility Num: SG 14-23
County: GARFIELD
Location: QTRQTR: SWSW Sec: 23 Twp: 7S Rng: 96W Meridian: 6
Lat: 39.418150 Long: -108.086294
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::

Contractor was moving battery boxes from a trailer when he smashed his finger in between a battery box and the trailer, splitting his finger open at the tip. Stitches required to close the wound. Placed on modified duty.

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: Chris Foeller Email: christopher.foeller@wpxenergy.com
Signature: _____ Title: Safety Specialist II Date: 01/15/2015

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