

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:
07/01/2015

Accident Tracking No.:
400862205

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>(970) 285-9573</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>06/29/2015</u>	Time of Accident: <u>7:30 AM</u>
API Number: 05- <u>045-07674</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>BERNKLAU</u>	Well/Facility Num: <u>RWF 322-4</u>
County: <u>GARFIELD</u>	
Location: QTRQTR: <u>SENW</u> Sec: <u>4</u> Twp: <u>7S</u> Rng: <u>94W</u> Meridian: <u>6</u>	
	Lat: <u>39.470663</u> Long: <u>-107.896475</u>
Field Name: <u>RULISON</u>	Field Number: <u>75400</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):

When rigging up a workover rig on a well contractor had rig tip over on location. No injuries were associated with the incident and no damage to production or surface equipment. The cause of the incident is still under investigation at this time by the contractor. The incident occurred at 7:30 AM on June 29th, 2015. Shaun Kellerby with the COGCC was notified by e-mail of the incident at 2:18 PM on June 29th, 2015.

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: 07/01/2015

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