

**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:
09/01/2015Accident Tracking No.:
400893591**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: 08/25/2015 Time of Accident: 9:00 AM
API Number: 05- 045-07439 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: BOSELY Well/Facility Num: SG 24-22
County: GARFIELD
Location: QTRQTR: SESW Sec: 22 Twp: 7S Rng: 96W Meridian: 6
Lat: 39.417549 Long: -108.100275
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 reaching into pickup toolbox, contractor lacerated right hand middle finger on a hacksaw blade. Sutures were required to close the wound. The contractor returned to full duty work status following the physician visit. The incident occurred on August 25, 2015 at 9:00 AM and was not reported to the operator until September 1, 2015. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 9:10 AM on September 1, 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: 09/01/2015

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