

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:
09/01/2015

Accident Tracking No.:
400893591

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>08/25/2015</u>	Time of Accident: <u>9:00 AM</u>
API Number: 05- <u>045-07439</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>BOSELY</u>	Well/Facility Num: <u>SG 24-22</u>
County: <u>GARFIELD</u>	
Location: QTRQTR: <u>SESW</u> Sec: <u>22</u> Twp: <u>7S</u> Rng: <u>96W</u> Meridian: <u>6</u>	
	Lat: <u>39.417549</u> Long: <u>-108.100275</u>
Field Name: <u>GRAND VALLEY</u>	Field Number: <u>31290</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 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