

FORM
22
Rev 5/99

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: EnCana Oil and Gas
Date of Incident: 4-12-2011
Type of Facility (well, tank battery, flow line, pit): well site
Well Name & Number: SGU 8506B-36 496
API Number: 05045198200000
Connect to Accident (land owner, royalty owner, etc.): Encana property

Location SGU B36	
County: Garfield	
Field Name: SGU	
QtrQtr: SENW	Section: 36
Township: 4S	Range: 96 W
Meridian: 6th	

Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):

IE was installing a 5" tubing brace, He had just tack welded his end when his coworker moved the other end to tack weld, the tack weld broke falling on IE hand and smashing it between brace and a electrical box causing a comminuted fracture to the left proximal 2nd phalanx.

Other Notifications

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

Date	Agency	Contact Person	Response

Accident Tracking No: I2011-00625_