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FORM 22 Rev 6/99

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

Report taken by:

ACCIDENT REPORT

As required by Rule 602.b.

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: Williams Production RMT Company
Date of Incident: April 16, 2011
Type of Facility (well, tank battery, flow line, pit): Well Pad
Well Name and Number: GV 88-1
API Number: 05-045-6700
Connect to Accident (land owner, royalty owner, etc).: Operator

Location

County: Garfield
Field Name: Grand Valley Ranch
QtrQtr: SW SE Section: 1
Township: 7 South Range: 95 West
Meridian: 6th PM

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

A completions contractor stepped out from behind a water transfer pump and was struck by a semi trailer being backed onto location. The contractor continued to work the rest of the day but sought medical attention the following day and was prescribed pain medication for a deep contusion on the back. No other work restrictions were placed on the injured contractor. The incident occurred on April 16, 2011 at 3:30 PM. The operator was not notified of the incident until Tuesday April 19, 2011. Shaun Kellerby was notified of the incident by e-mail at 7:17 AM on April 19, 2011.

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:_____