

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: Badger |
| Date of Incident: 5-8-11 |
| Type of Facility (well, tank battery, flow line, pit): Well |
| Well Name & Number: NP MF02B-16 H17 696 |
| API Number: 05045186910000 |
| Connect to Accident (land owner, royalty owner, etc.): Encana |

| | |
|----------------------------|-------------|
| Location Nparachute H17 | |
| County: Garfield | |
| Field Name: North Piceance | |
| QtrQtr: SENE | Section: 17 |
| Township: 6S | Range: 96 |
| Meridian: 6th PM | |

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

5/8/11 2:30pm a Badger super vac truck had a electrical fire under hood, IE inhaled smoke when putting fire out, Badger took him into Rifle hospital and reported it as first aid by physician at that time, 5-12-11 was notified by Badger that IE was given a inhaler and that they were reporting it as medical aid

Other Notifications

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

| Date | Agency | Contact Person | Response |
|------|--------|----------------|----------|
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