

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 OGGCC 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: 6/6/2011
Type of Facility (well, tank battery, flow line, pit): Well Pad- Drilling Rig
Well Name & Number: SGU 8507C-36 B36 496
API Number: 05045198210000
Connect to Accident (land owner, royalty owner, etc.):

Location	
County:Garfield	
Field Name:Story Gulch	
QtrQtr: Lot 2	Section: 36
Township: 4S	Range: 96
Meridian: 6	

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

Employee was rolling casing piping across 2X4s towards the Gull-wings and pipe wrangler. One of the 2X4s flipped and the casing pipe rolled into the other casing pipe, pinching the employees finger and hand. The injured employee had a fracture in his finger and received two stitches.

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: I2011-00891