

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

**ACCIDENT REPORT**

As required by Rule 602.b.

Report taken by:

**DESCRIPTION OF ACCIDENT** (Please be as specific as possible)

<b>Name of Operator:</b> <u>Anadarko Petroleum Corporation</u>	<b>Location</b>
<b>Date of Incident:</b> <u>June 18, 2011</u>	<b>County:</b> <u>Weld</u>
<b>Type of Facility (well, tank battery, flow line, pit):</b> <u>Tank Battery</u>	<b>Field Name:</b> <u>DJ Basin - Wattenberg</u>
<b>Well Name and Number:</b> <u>Hilgers 16-22A</u>	<b>QtrQtr:</b> <u>SESE</u> <b>Section:</b> <u>22</u>
<b>API Number:</b> <u>0512321269</u>	<b>Township:</b> <u>T3N</u> <b>Range:</b> <u>R68W</u>
<b>Connect to Accident (land owner, royalty owner, etc.):</b> <u>Royalty owner</u>	<b>Meridian:</b> _____

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

An Anadarko Petroleum Corp. employee (water truck driver) was stepping off the berm walkover steps and stepped awkwardly spraining his left ankle. He was stepping from steps and onto gravel on his way to gauge a water tank. He completed his workday, but was taken to the emergency room at North Colorado Medical Center in Greeley at the end of the day. No x-rays were taken. Employee was diagnosed with a sprained left ankle. He was prescribed pain medication, given a stirrup splint to wear for two weeks, and was placed on restricted duty (no more than 4 hours of standing or walking per day) for two weeks.

**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: \_\_\_\_\_