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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
Date of Incident: 07/10/2011
Type of Facility (well, tank battery, flow line, pit): Well Pad
Well Name and Number: PA 534-20
API Number: 05 045 20252 00
Connect to Accident (land owner, royalty owner, etc).: Operator

Location

County: Garfield
Field Name: Parachute
QtrQtr: Lot 8 Section: 20
Township: 6S Range: 95W
Meridian: 6

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

Contractor broke collar bone while releasing chain boomer during rig move. Injured Person (IP) was taken to the hospital and treated. IP was release on light duty.

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:_____