

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: EnCana Oil and Gas
Date of Incident: 27 June 2011
Type of Facility (well, tank battery, flow line, pit): Gas Lift skid
Well Name & Number: D19B 595
API Number: 05045169690000
Connect to Accident (land owner, royalty owner, etc.): Pyramid

Location	
County: Garfield	
Field Name:	
QtrQtr: NENW	Section: 19
Township: 5 S	Range: 95W
Meridian: 6th PM	

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

Medical Aid, D19B MFNPR, Was removing a 3/4 plug from line on gas lift skid, plug had 1200psi on it, plug came out hitting IE in mouth and forehead, IE was transported to Rifle by EMS, valves were closed at this time.

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: _____