

FORM
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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)

Name of Operator: <u>Williams Production RMT Company</u> Date of Incident: <u>July 12, 2011</u> Type of Facility (well, tank battery, flow line, pit): <u>Well Pad</u> Well Name and Number: <u>Federal RG 23-14-298</u> API Number: <u>05-103-11276-00</u> Connect to Accident (land owner, royalty owner, etc.): <u>Operator</u>	<p style="text-align: center;">Location</p> County: <u>Rio Blanco</u> Field Name: <u>Sulpher Creek</u> QtrQtr: <u>NE SW</u> Section: <u>14</u> Township: <u>2 South</u> Range: <u>98 West</u> Meridian: <u>6th PM</u>
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Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):

When driving a "T" post with a post driver a drilling contractor pinched his left index finger between the post and the driver causing a laceration. Sutures were required to close the wound. The contractor was released to full work duty status from the physician the same day. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 9:05 AM on July 13, 2011.

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: _____