

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 OGGC 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: Williams Production RMT Company	Location
Date of Incident: July 19, 2011	County: Garfield
Type of Facility (well, tank battery, flow line, pit): Well	Field Name: Parachute
Well Name and Number: Federal PA 534-20	QtrQtr: Lot 8 Section: 20
API Number: 05 045 20252 00	Township: 6 South Range: 95 West
Connect to Accident (land owner, royalty owner, etc.): Operator	Meridian: 6th PM

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

A drilling contractor pinched his left hand little finger between the top rail on the ST-80 and the control panel when pushing the ST-80 back into place on the rig floor. The finger was lacerated and sutures were required to close the wound. The incident occurred at 3:30 AM on July 19, 2011. Williams was not notified of the incident until July 25, 2011. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 7:55 AM on July 25, 2011.

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Agency	Contact Person	Response
July 25, 2011	BLM		

Accident Tracking No: _____