FORM 22 Rev 6/99

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

RECEIVED 8/1/2011

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 RMT Company
Date of Incident: July 29, 2011
Type of Facility (well, tank battery, flow line, pit): Well
Well Name and Number: Federal PA 433-20
API Number: 05-045-20248-00
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 stuck hand into drill cuttings at the shaker and cut left ring finger. Cut required 2 stitches.

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:_____