

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 Gas
Date of Incident: 8/27/11
Type of Facility (well, tank battery, flow line, pit): Well Pad
Well Name & Number: K28 NW (SP)
API Number: 05045201680000
Connect to Accident (land owner, royalty owner, etc.) Encana

Location	
County: Garfield	
Field Name: Benjamin Federal	
QtrQtr: NESW	Section: 28 TWP
Township: 6	Range: 93 W
Meridian: 6th pm	

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

While rigging up well head contractor dropped flow back iron on left thumb (breaking tip of thumb)

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: I2011-01407_