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FORM 22 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

Report taken by:

ACCIDENT REPORT

As required by Rule 602.b.

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: PDC Energy
Date of Incident: 8-28-2011
Type of Facility (well, tank battery, flow line, pit): Salt Water Disposal
Well Name and Number: Puckett Salt Water Disposal Facility
API Number: NA
Connect to Accident (land owner, royalty owner, etc).:

Location

County: Garfield
Field Name: Piceance Basin
QtrQtr: Section: 24
Township: 68N Range: 97W
Meridian: 6th

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

On August 28, 2011 a PDC Energy Pumper was attempting to change a water filter at our salt water disposal facility. At some point during the task the filter cap fell and lacerated his right index finger. The employee was taken to Saint Mary's Hospital in Grand Junction. The cut was cleaned up. X-rays were taken and were negative. A tetanus shot was also administered. A safe work procedure will be developed internally and the employees will be trained on the task.

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: