



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>	Location	
Date of Incident: <u>September 8, 2011</u>	County: <u>Garfield</u>	
Type of Facility (well, tank battery, flow line, pit): <u>Well</u>	Field Name: <u>Grand Valley</u>	
Well Name and Number: <u>Unocal GM 11-33</u>	QtrQtr: <u>NW NW</u>	Section: <u>32</u>
API Number: <u>05-045-107105-00</u>	Township: <u>6 South</u>	Range: <u>96 West</u>
Connect to Accident (land owner, royalty owner, etc.): <u>Operator</u>	Meridian: <u>6th PM</u>	

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

A contract water truck driver was tightening the bolts on a tank hatch and one of the bolts broke off and struck the contractor on the mouth. The bolt chipped one of the contractors lower teeth. He has a appointment with a dentist this week. The incident occurred at 1:00 AM on September 8, 2011. Shaun Kellerby with the COGCC was notified of the incident by e-mail on September 12, 2011 at 9:40 AM.

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: _____