



**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>PDC Energy</u> Date of Incident: <u>12/7/2011</u> Type of Facility (well, tank battery, flow line, pit): <u>Tank Battery</u> Well Name and Number: <u>Wells Ranch 43-34H</u> API Number: <u>123-20984</u> Connect to Accident (land owner, royalty owner, etc.): _____	<p align="center">Location</p> County: <u>Weld</u> Field Name: <u>Wattenberg</u> QtrQtr: <u>nese</u> Section: <u>34</u> Township: <u>6n</u> Range: <u>63w</u> Meridian: _____
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Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):

PDC Energy employee slipped on stairway and strained left leg. Employee complained on December 9th of leg pain. Employee was taken to Greeley Medical Clinic Urgent Care. He was treated and issued a prescription for his injury. He was released back to work the following day under modified duty status.

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: _____