

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 (USA) Inc.
Date of Incident: 1/11/2012
Type of Facility (well, tank battery, flow line, pit): Production
Well Name & Number: H19
API Number: 05045081760000
Connect to Accident (land owner, royalty owner, etc.) Encana Oil & Gas (USA) Inc.

Location	
County: Garfield	
Field Name: Mamm Creek	
QtrQtr: SE NE	Section: 19
Township: 7 S	Range: 92
Meridian: 6	

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

Encana Employee was working on the H19 Location and was stepping off the last step of the tank battery stairwell when he slipped and twisted his knee. Slick surface and not using three point contact is the cause of the Incident.
Prescription Pain Medication and Light duty (estimated at 8 days).

Other Notifications

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Agency	Contact Person	Response