

FORM  
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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

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: <u>WPX Energy Rocky Mountain, LLC</u>	Location	
Date of Incident: <u>January 16, 2012</u>	County: <u>Garfield</u>	
Type of Facility (well, tank battery, flow line, pit): <u>Well</u>	Field Name: <u>Mamm Creek</u>	
Well Name and Number: <u>Jolley KP 344-21</u>	QtrQtr: <u>NE NE</u>	Section: <u>28</u>
API Number: <u>05 045 20691 00</u>	Township: <u>6 South</u>	Range: <u>91 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 drilling contractor was using a pipe wrench to tighten a nut on a turnbuckle in the sub structure when the wrench slipped and the handle struck the contractor on the right cheek. The impact of the blow caused a broken tooth. There is no lost time or work restrictions associated with the injury. The incident occurred at 4:40 AM on January 16, 2012. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 2:00 PM on January 16, 2012.

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: \_\_\_\_\_