

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



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3/14/2012

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: ENCANA
Date of Incident: 3/12/2012
Type of Facility (well, tank battery, flow line, pit): Frac location
Well Name & Number: Rasmussen 0-6-19
API Number: 05-123-32255
Connect to Accident (land owner, royalty owner, etc.): Contractor

Location	
County: Weld	
Field Name: Wattenberg	
QtrQtr:	Section:
Township:	Range:
Meridian:	

Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):
Halliburton employee was assisting another employee rigging up a four (4) inch single chickson. The injured employee was spinning the wing and the chickson came off the threads and dropped on his finger smashing it between the chickson and the other chickson that was already rigged up

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: _____