



State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGC 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>Xtreme Drilling and Coil Services</u> Date of Incident: <u>March 28/12</u> Type of Facility (well, tank battery, flow line, pit): <u>Drilling Rig</u> Well Name and Number: <u>Hidden Creek 14-29</u> API Number: <u>05-123-35055</u> Connect to Accident (land owner, royalty owner, etc.): <u>N/A</u>	Location County: <u>WELD</u> Field Name: <u>Wattenberg</u> CtrQtr: _____ Section: _____ Township: _____ Range: _____ Meridian: _____
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Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):

During rig maintenance operations the injured worker (IW) was instructed to change out the 3M Self Retracting Lifeline (Fall Arrest) in the derrick so that the unit could be serviced. During this task the IW was at the crown section and grabbed the drill line to steady himself while the new unit was installed. At this time the driller engaged the drawworks to raise the top drive. This action resulted in the IW having his left hand ring and index finger pinched between the drill line and the sheave. The IW was transported to the hospital and the two fingers received medical treatment.

OTHER NOTIFICATIONS

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

Date	Agency	Contact Person	Response
N/A			

Accident Tracking No: _____