

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



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5/15/2012

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: <u>OXY USA WTP LP</u>	Location
Date of Incident: <u>04/26/2012</u>	County: <u>Garfield</u>
Type of Facility (well, tank battery, flow line, pit): <u>697-05C Well Pad</u>	Field Name: <u>Case Creek</u>
Well Name and Number: <u>697-05-42</u>	QtrQtr: <u>NWSW</u> Section: <u>005</u>
API Number: <u>05-045-20373</u>	Township: <u>6 South</u> Range: <u>97 West</u>
Connect to Accident (land owner, royalty owner, etc.): <u>Contract Employee</u>	Meridian: <u>6 th</u>

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

April 26th 2012, at approximately 09:30 am, a Halliburton crew was performing wireline operation on one of our locations. A metal fitting was set on top of piping and then it fell when it was bumped. A Halliburton employee's finger was smashed between a flange and the falling fitting as he attempted to catch it. The IP suffered a fracture to the tip of the finger bone and a compression laceration. Appropriate care was administered and he was released from Community hospital the same day as the injury.

OTHER NOTIFICATIONS

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

Date	Agency	Contact Person	Response
04/27/2012	COGCC	Shaun Kellerby	None

Accident Tracking No: _____