

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

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11/15/2012

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: <u>WPX Energy Rocky Mountain LLC</u> Date of Incident: <u>November 12, 2012</u> Type of Facility (well, tank battery, flow line, pit): <u>Well</u> Well Name and Number: <u>Federal RGU 423-25-198</u> API Number: <u>05 103 11875 00</u> Connect to Accident (land owner, royalty owner, etc.): <u>Operator</u>	Location County: <u>Rio Blanco</u> Field Name: <u>Sulpher Creek</u> QtrQtr: <u>Lot 14</u> Section: <u>25</u> Township: <u>1 South</u> Range: <u>98 West</u> Meridian: <u>6th PM</u>
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Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):

A contract completions rig was pulling on stuck tubing when the tubing parted 5 joints below the BOP. When the tubing parted the rig operator jumped from the operator's platform and struck his mouth on an unknown object which caused a chip to one of his upper teeth. There is no lost time or work restrictions associated with the injury. The incident occurred at 5:00 PM on November 12, 2012. Shaun Kellerby with the COGCC was notified of the injury by e-mail on November 13, 2012 at 11:35 AM.

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: _____