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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

FOR OGCC USE ONLY

Report taken by:

ACCIDENT REPORT

As required by Rule 602.b.

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: PDC Energy
Date of Incident: 01-15-2013
Type of Facility (well, tank battery, flow line, pit): Well
Well Name and Number: Ankenney 28-1
API Number: 105.902017
Connect to Accident (land owner, royalty owner, etc).:

Location

County: Weld
Field Name: Wattenberg
QtrQtr: SENE Section: 28
Township: 6N Range: 64W
Meridian:

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

A PDC contractor, Basic Energy, employee was struck by a falling piece of 1 1/2 inch pipe at the Ankenney 28-1 on 01-15-2013 at approximately 1:00pm. The crew was tagging bottom and had 5 joints of pipe on the float (2 1/16 inch). There were two joints of 1 1/2 inch pipe on the rig from a previous location which were placed on the float along with the 5 - 2 1/6 inch joints. The elevators on the rig were then set up for 2 1/16 pipe and the first joint went up without issue. The second joint (1 1/2 inch) was mistakenly picked up off of the float with the 2 1/16 elevators where it was raised and then slipped out of the elevators glancing off the employees hard hat and shoulder. There were no visible signs of injury, but the employee was taken in to be examined by a doctor and drug and alcohol tested. His treatment consisted of first aid only (not an OSHA recordable injury) with over the counter medications, and hot/cold packs to treat shoulder soreness. The problem occurred with the pipe sizes being mixed up on the float since the two look very similar along with the employee standing nearly beneath the pipe exposing him unnecessarily to the falling pipe joint. Basic painted the two 1 1/2 inch joints blue to avoid any further mix 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:_____