

FORM
22
Rev 5/99

**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

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: Encana Oil and Gas
Date of Incident: 4/8/2013
Type of Facility (well, tank battery, flow line, pit): Frac operation
Well Name & Number: Shideler 25-10 J25W
API Number: 05045068510000
Connect to Accident (land owner, royalty owner, etc.) Encana

Location	
County: mamm creek	
Field Name: Garfield	
QtrQtr: NWSE	Section: 25
Township: 7S	Range: 93W
Meridian: 6	

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

A sub contractor was delivering food to another contractor when she slipped walking up the stairs of a data van 4-6-2013, she said she was alright and continued with the day. 4-8-2013 subcontractor went to doctor and was given medications for pain to left side.

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: 2013-00420__