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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: SWEPI LP
Date of Incident: 4-2-13
Type of Facility (well, tank battery, flow line, pit): Oil Well (Drilling Rig)
Well Name and Number: Herring Draw 4-33
API Number: 05 081 07758 00
Connect to Accident (land owner, royalty owner, etc.): N/A
Location
County: Moffat
Field Name: Waddle Creek
QtrQtr: Lot 4 Section: Sec 33
Township: 5N Range: 90W
Meridian: 6

Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):
This was an incident that involved human error.
EMPLOYEE PINCHES FINGERS WHILE CRANE OUTRIGGER WAS BEING SCOPED IN - In an attempt to assist a coworker, the injured employee placed his right hand for leverage on the outrigger jack while attempting to move the outrigger pad when the operator engaged the outrigger to scope in. As a result the employee had several of his fingers pinched between the outer beam and inner beam of the outrigger retract stop. The job was stopped and the employee was transported to medical facility.
Through the investigation it was found that the operator was unaware of the position of the injured employee's hand when he started operating the controls for the outriggers of the crane. Subsequently, the caused the injured employee to sustain a broken right index finger.

OTHER NOTIFICATIONS

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

Table with 4 columns: Date, Agency, Contact Person, Response

Accident Tracking No: _____