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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: 07/05/2013
Type of Facility (well, tank battery, flow line, pit): Well
Well Name and Number: Waste Management 2L-201
API Number: 05-123-36956
Connect to Accident (land owner, royalty owner, etc).:

Location

County: Weld
Field Name: Wattenberg
QtrQtr: SWSW Section: 2
Township: 2N Range: 64W
Meridian:

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

While running 4 1/2 inch casing with backup tongs on Ensign rig 14 at the Waste Management 2L-201 location a third party caser floor hand from Mountain States Casing had his middle right finger pinched in the tongs. The casing floor hand had put his finger in a pinch point on the back side of the tongs and the injury occurred while the backup tongs were being removed. The injured party was seen by a designated Mountain States Casing medical provider where it was determined nothing was broken and the injury (laceration) would be treated with first aid measures. This was not an OSHA recordable injury for Mountain States Casing. Verbal notification was also made to COGCC on 07/10/2013.

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: