

**FORM
22**Rev 1
05/13**State of Colorado
Oil and Gas Conservation Commission**

120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

03/18/2014

Accident Tracking No.:

400577323**ACCIDENT REPORT**

As required by Rule 602.b.

CONTACT INFORMATION☐ Initial Notice of Well Control Event1. OGCC Operator Number: 968502. Contact Name: Delbert DowlingName of Operator: WPX ENERGY ROCKY MOUNTAIN LLCPhone: (970) 623-8918Address: 1001 17TH STREET - SUITE #1200Fax: ()City: DENVER State: CO Zip: 80202Email: delbert.dowling@wpxenergy.com**DISCRIPTION OF ACCIDENT** (Please be as specific as possible)3. Time Shut-in: 10:00 PMDate Shut-in: 03/14/20144. Type of Facility: WELL (Well, Tank Battery, Flowline, Pit)5. API Number: 05- 045-221476. Facility ID: 7. Well/Facility Name: WPX ENERGY8. Well/Facility Num: PA 323-29. County: GARFIELD10. Location: QTRQTR: NESWSec: 2Twp: 7SRng: 95WMeridian: 6Lat: 39.465084Long: -107.96930511. Field Name: PARACHUTE12. Field Number: 67350**DESCRIPTION**

12. Provide a detailed description of the accident, problems, and cause (equipment failure, human error, etc.): actions taken to provide well control in detail):

When transferring drilling mud from the upright tank to the pit using a vacuum truck, a hose connection failed and the hose end struck the contractor on the head and face causing a slight concussion, black eye and chipping a tooth. The contractor was seen by a physician following the injury at the Grand River Medical Center ER and instructed to remain off work until March 20, 2014. The incident occurred at 10:00 PM on March 14 and WPX was not notified of the incident until today, March 18. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 8:05 AM on March 18, 2014.

OTHER NOTIFICATIONS

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

| Date | Agency | Contact | Response |
|------------|--------|----------------|--------------------|
| 03/18/2014 | COGCC | Shaun Kellerby | Notified via email |

OPERATOR COMMENTS and SUBMITTAL

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Delbert DowlingEmail: delbert.dowling@wpxenergy.comSignature: Title: Safety Specialist Sr.Date: 03/24/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files