

FORM  
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Rev 1 20 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109  
05/13

# State of Colorado Oil and Gas Conservation Commission



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 Event

1. OGCC Operator Number: <u>96850</u>	2. Contact Name: <u>Delbert Dowling</u>
Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 623-8918</u>
Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>delbert.dowling@wpxenergy.com</u>

### DISCRIPTION OF ACCIDENT (Please be as specific as possible)

3. Time Shut-in: <u>10:00 PM</u>	Date Shut-in: <u>03/14/2014</u>
4. Type of Facility: <u>WELL</u> (Well, Tank Battery, Flowline, Pit)	
5. API Number: 05- <u>045-22147</u>	6. Facility ID: <u></u>
7. Well/Facility Name: <u>WPX ENERGY</u>	8. Well/Facility Num: <u>PA 323-2</u>
9. County: <u>GARFIELD</u>	
10. Location: QTRQTR: <u>NESW</u> Sec: <u>2</u> Twp: <u>7S</u> Rng: <u>95W</u> Meridian: <u>6</u>	
	Lat: <u>39.465084</u> Long: <u>-107.969305</u>
11. Field Name: <u>PARACHUTE</u>	12. Field Number: <u>67350</u>

### 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 Dowling Email: delbert.dowling@wpxenergy.com

Signature: \_\_\_\_\_ 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