

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

1120 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 Event

OGCC Operator Number: 96850

Contact Name: Delbert Dowling

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Phone: (970) 623-8918

Address: 1001 17TH STREET - SUITE #1200

Fax: ()

City: DENVER State: CO Zip: 80202

Email: delbert.dowling@wpxenergy.com

DISCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 03/14/2014

Time of Accident: 10:00 PM

API Number: 05- 045-22147

Facility ID: _____

Type of Facility: WELL

Well/Facility Name: WPX ENERGY

Well/Facility Num: PA 323-2

County: GARFIELD

Location: QTRQTR: NESW

Sec: 2

Twp: 7S

Rng: 95W

Meridian: 6

Lat: 39.465084

Long: -107.969305

Field Name: PARACHUTE

Field Number: 67350

DESCRIPTION

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

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

--	--

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

400577323	FORM 22 SUBMITTED
-----------	-------------------

Total Attach: 1 Files