

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:  
**10/21/2014**

Accident Tracking No.:  
**400713002**

**ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**

☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

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: (970) 285-9573  
City: DENVER State: CO Zip: 80202 Email: delbert.dowling@wpxenergy.com

**DESCRIPTION OF ACCIDENT** (Please be as specific as possible)

Date of Accident: 10/19/2014 Time of Accident: 10:30 PM  
API Number: 05- 045-21959 Facility ID: \_\_\_\_\_ Type of Facility: WELL  
Well/Facility Name: Federal Well/Facility Num: SG 342-28  
County: GARFIELD  
Location: QTRQTR: NESE Sec: 28 Twp: 7S Rng: 96W Meridian: 6  
Lat: 39.407522 Long: -108.107131  
Field Name: GRAND VALLEY Field Number: 31290

**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 hoisting a 2" cement line up to the rig floor the line snagged on a union then popped up striking the drilling contractor standing on the rig floor in the forehead. The blow caused a concussion and the contractor will be unable to return to work for several days. The incident occurred at 10:30 PM on October 19, 2014. Shaun Kellerby with the COGCC was notified of the incident by e-mail on October 20, 2014 at 1:38 PM.

**OTHER NOTIFICATIONS**

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

| Date | Agency | Contact | Response |
|------|--------|---------|----------|
|      |        |         |          |

**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 Date: 10/21/2014

**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