

FORM
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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:
10/30/2014

Accident Tracking No.:
400720385

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: 96850 Contact Name: Kevin McDermott
Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 683-2294
Address: 1001 17TH STREET - SUITE #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: kevin.mcdermott@wpxenergy.com

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 10/21/2014 Time of Accident: 7:07 PM
API Number: 05- 045-22491 Facility ID: _____ Type of Facility: WELL
Well/Facility Name: WPX GM Well/Facility Num:413-33
County: GARFIELD
Location: QTRQTR: NWSW Sec: 33 Twp: 6S Rng: 96W Meridian: 6
Lat: 39.479612 Long: -108.118534
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):

Morning tour crew came on tour at the start of their work shift. Each crewmember discussed with their relief the job task going on and what if anything needed to be done. The only notable task to be completed was the needed repair of a leaking stand pipe manifold gasket. The daylight crew had noticed the lower standpipe union leaking earlier in their shift and had tightened it (1/2 turn) to stop the leaking. The daylight driller had obtained a new gasket and at the time of relief the daylight driller spoke with the incoming evening tour driller about the need to change the gasket. After completing relief the evening tour crew made their first connection. The pumps were brought up to pressure after the first connection and the driller returned to the doghouse to zero his pressures when the lower gasket on the standpipe manifold began leaking again with mud striking the doghouse window. The Company Man was called and it was decided to shut down and repair the leaking gasket. The crew began by knocking the upper and lower unions loose and then loosening the stand pipe clamps on the derrick. The crew then tied the air hoist line to the manifold and attempted to dislodge it from its location to perform the necessary repair. After several attempts to dislodge the manifold the crew decided that removing the 2" fill up flex line was necessary. Once the 2" fill up flex line was removed the manifold was freed and the crew removed and replaced the failed rubber gasket in the lower union. The manifold was then put back into its correct position and the crew made up the upper and lower unions to the correct tightness. The rig manager then gave the word for the driller to turn the pumps on and pressurize the system to allow the rig to get back drilling. The effected employee (EE) then started to make up the 2" fill up line and he instructed the other floorhand to go into the sub to lift the 2" fill up line to him so he would make up the union. The EE then made up a couple threads on the union and communicated down to the floorhand in the sub that they were good. The floorhand in the sub then checked the installation of the whip check and began crawling out of the sub. Once the system was pressurized to 2700 psi the 2" high pressure gate valve parted from the 2" high pressure nipple on the stand pipe striking the EE. After the drilling fluid cleared and crewmembers responded they found the EE laying approximately 6' away from the valve. Emergency efforts by crewmembers and EMS were unsuccessful and the EE was not able to recover from the injuries he sustained.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
10/21/2014	OSHA		Contractor notified OSHA
10/22/2014	BLM	Julie King	

OPERATOR COMMENTS and SUBMITTAL

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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: Kevin McDermott Email: kevin.mcdermott@wpenergy.com

Signature: _____ Title: Safety Supervisor Date: 10/30/2014

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