

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:
11/20/2014

Accident Tracking No.:
400737270

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>96850</u>	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>(970) 285-9573</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>delbert.dowling@wpxenergy.com</u>

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: <u>11/18/2014</u>	Time of Accident: <u>5:05 PM</u>
API Number: 05- <u>045-10959</u>	Facility ID: _____ Type of Facility: <u>WELL</u>
Well/Facility Name: <u>FEDERAL</u>	Well/Facility Num: <u>SG 43-28</u>
County: <u>GARFIELD</u>	
Location: QTRQTR: <u>NESE</u> Sec: <u>28</u> Twp: <u>7S</u> Rng: <u>96W</u> Meridian: <u>6</u>	
	Lat: <u>39.407380</u> Long: <u>-108.107217</u>
Field Name: <u>GRAND VALLEY</u>	Field Number: <u>31290</u>

DESCRIPTION

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

During a drilling rig move a contractor's truck driver slipped on the deck of a trailer and fell forward spraining both wrists. He was seen by a physician and prescribed medication and placed on restricted duty. The incident occurred at 5:05 PM on November 18, 2014. Shaun Kellerby with the COGCC was notified of the incident by e-mail at 1:22 PM on November 19, 2014.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
11/19/2014	BLM	Julie King	E-mail and NTL3A form sent on November 20, 2014.

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: 11/20/2014

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