

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:  
07/30/2015

Accident Tracking No.:  
400876946

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) 6832294  
Address: 1001 17TH STREET - SUITE #1200 Fax: (970) 2859573  
City: DENVER State: CO Zip: 80202 Email: kevin.mcdermott@wpxenergy.com

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Date of Accident: 07/28/2015 Time of Accident: 12:30 PM  
API Number: 05- 045-12592 Facility ID: \_\_\_\_\_ Type of Facility: WELL  
Well/Facility Name: BOSELY Well/Facility Num: SG 14-23  
County: GARFIELD  
Location: QTRQTR: SWSW Sec: 23 Twp: 7S Rng: 96W Meridian: 6  
Lat: 39.418150 Long: -108.086294  
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::

While pushing metal work table into bed of pickup employee pinched his right hand middle finger between the handle on the tabel and a piece of pipe, sutures were required to close the laceration. Shaun Kellerby was notified of the incident by email on July 29th at 8:45 am.

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: Kevin McDermott Email: kevin.mcdermott@wpxenergy.com  
Signature: \_\_\_\_\_ Title: Safety Date: 07/30/2015

**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**

--	--

Total Attach: 0 Files