

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:  
09/08/2015

Accident Tracking No.:  
400896579

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: 09/03/2015 Time of Accident: 1:25 PM  
API Number: 05- 045-06898 Facility ID: \_\_\_\_\_ Type of Facility: WELL  
Well/Facility Name: EATON Well/Facility Num: GM 41-4  
County: GARFIELD  
Location: QTRQTR: NENE Sec: 4 Twp: 7S Rng: 96W Meridian: 6  
Lat: 39.471849 Long: -108.106016  
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 hooking up piping on a production unit, contractor had 2" pipe drop and pinch his right hand ring finger, sutures were required to close the wound. There is no lost time or restricted duty associated with the injury. The incident occurred on September 3rd, 2015, Shaun Kellerby with the COGCC was notified of the incident by e-mail on September 4th, 2015.

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: 09/08/2015

**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