

**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:
11/09/2015Accident Tracking No.:
400926591**ACCIDENT REPORT**

As required by Rule 602.b.

CONTACT INFORMATION☒ Initial Notice of Accident ☐ Subsequent Notice of Accident

OGCC Operator Number: 66571 Contact Name: Justin Booth
Name of Operator: OXY USA WTP LP Phone: (970) 2633648
Address: 760 HORIZON DR #101 Fax: (970) 2633694
City: GRAND JUNCTION State: CO Zip: 81506 Email: justin_booth@oxy.com

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: 10/28/2015 Time of Accident: 9:30 AM
API Number: 05- Facility ID: 323903 Type of Facility: LOCATION
Well/Facility Name: CASCADE CREEK-66S97W Well/Facility Num: 5SEnw
County: GARFIELD
Location: QTRQTR: SEnw Sec: 5 Twp: 6S Rng: 97W Meridian: 6
Lat: 39.555766 Long: -108.247731
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::

On October 28th , at approximately 9:30am, at the 605-1 wellpad location, an Olsson Associates (environmental subcontractor) employee was working on PVC piping associated with a historical spill remediation activities. The employee was using a utility knife to trim a PVC pipe bushing. The knife slipped and resulted in a cut to the employee's hand. The injured person was taken to a medical care facility where at 2:00pm, he was given medical care beyond first aid.

OTHER NOTIFICATIONS

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

Date	Agency	Contact	Response
10/29/2015	COGCC	Shaun Kellerby	none

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: Justin Booth Email: justin_booth@oxy.com
Signature: _____ Title: HES Lead Date: 11/09/2015

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