

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:
03/23/2016

Accident Tracking No.:
401014056

ACCIDENT REPORT

As required by Rule 602.b.

CONTACT INFORMATION

Initial Notice of Accident Subsequent Notice of Accident

OGCC Operator Number: <u>100185</u>	Contact Name: <u>Tyler Pruitt</u>
Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(970) 285-2794</u>
Address: <u>370 17TH ST STE 1700</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>	Email: <u>tyler.pruitt@encana.com</u>

DESCRIPTION OF ACCIDENT(Please be as specific as possible)

Date of Accident: <u>03/17/2016</u>	Time of Accident: _____
API Number: 05- _____	Facility ID: <u>427640</u> Type of Facility: <u>LOCATION</u>
Well/Facility Name: <u>Hay Canyon</u>	Well/Facility Num: <u>H34 6102</u>
County: <u>GARFIELD</u>	
Location: QTRQTR: <u>SENE</u> Sec: <u>34</u> Twp: <u>6S</u> Rng: <u>102W</u> Meridian: <u>6</u>	
	Lat: <u>39.498422</u> Long: <u>-108.747225</u>
Field Name: <u>CALF CANYON</u>	Field Number: <u>9670</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):

While performing normal job duties at the facility, an employee slipped on a patch of ice and landed on their shoulder. The employee was taken for observation and released back to full duty. After a follow up examination, the injured party will require further medical attention.

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: Tyler Pruitt Email: tyler.pruitt@encana.com

Signature: _____ Title: Field Safety Advisor Date: 03/23/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

Field Operations	Change text slightly to remove possible HIPPA non-compliance. Had Tyler Pruitt review for approval.	3/23/2016 12:08:55 PM
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Total: 1 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files