

**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:  
**06/04/2018**Accident Tracking No.:  
**401659525****ACCIDENT REPORT**

As required by Rule 602.b.

**CONTACT INFORMATION**☒ Initial Notice of Accident ☐ Subsequent Notice of AccidentOGCC Operator Number: 10071Contact Name: Dustin WattName of Operator: HIGHPOINT OPERATING CORPORATIONPhone: (970) 353-0407Address: 1099 18TH ST STE 2300Fax: ( )City: DENVER State: CO Zip: 80202Email: dwatt@hpres.com**DESCRIPTION OF ACCIDENT**(Please be as specific as possible)Date of Accident: 05/31/2018Time of Accident: 5:00 PMAPI Number: 05- Facility ID: 454977Type of Facility: LOCATIONWell/Facility Name: RSU Anschutz FedWell/Facility Num: 4-62-2\_1 SE 3County: WELDLocation: QTRQTR: SESESec: 3Twp: 4NRng: 62WMeridian: 6Lat: 40.335122Long: -104.304653Field Name: Field Number: **DESCRIPTION**

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

At approximately 5 PM on May 31, 2018 an employee of a contractor to HighPoint Operating Corporation suffered a reportable injury to fingers of his right hand. The contractor working on behalf of HighPoint Operating Corporation was setting surface casing at the location. Initial report indicates that while setting casing the injured employee placed his right hand on the derrick. The derrick scoped down and the guide rail roller went over his right hand. Employee was taken to the hospital via company truck.

**OTHER NOTIFICATIONS**

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

Date	Agency	Contact	Response
05/31/2018	Weld Co LDG	Troy Swain	Notification send via e-mail 9:30 PM May 31, 2018

**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: Rusty FrishmuthEmail: rfrishmuth@hpres.comSignature: Title: EHS MgrDate: 06/04/2018

**CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

	Within sixty (60) days provide documentation of policies, procedures and training implemented to prevent future occurrences of this type of incident
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**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

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Total Attach: 0 Files