

Detailed Description of Accident:

- Do not include names of injured, injuries, or medical treatment information.
- Subsequent Report must include Root Cause.

An contract employee was involved in an injury resulting in a OSHA reportable event. The injury occurred during drilling activities. The drilling operator is looking into potential corrective actions.

OTHER NOTIFICATIONS

List all parties and agencies that were notified or responded to the accident. (For example: Local Government Designee, Municipality, County, BLM, EPA, CDOT, Local Emergency Planning Coordinator, etc.)

Date	Agency	Contact	Response

OPERATOR COMMENTS and SUBMITTAL

Accident Happened on Labor Day, Adams County is off for the Federal Holiday, Extraction will reach out to LGD on Tuesday.

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: Jeff Rickard

Email: jrickard@extractionog.com

Signature: _____

Title: Regulatory Compliance Coo

Date: 09/03/2018

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

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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