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FORM 22 Rev 6/99

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

FOR OGCC USE ONLY

Report taken by:

ACCIDENT REPORT

As required by Rule 602.b.

DESCRIPTION OF ACCIDENT (Please be as specific as possible)

Name of Operator: _____

Date of Incident: _____

Type of Facility (well, tank battery, flow line, pit): _____

Well Name and Number: _____

API Number: _____

Connect to Accident (land owner, royalty owner, etc).: _____

Location

County: _____

Field Name: _____

QtrQtr: _____ Section: _____

Township: _____ Range: _____

Meridian: _____

Provide a detailed description of the accident, problem, and cause (equipment failure, human error, etc.):

OTHER NOTIFICATIONS

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

Date	Agency	Contact Person	Response

Accident Tracking No: _____