



**ARKANSAS
OIL AND GAS
COMMISSION**

Submit Form To Appropriate District Office:

Fort Smith Regional Office
3309 Phoenix Avenue
Fort Smith, Arkansas 72903
Fax: 479-649-7656

El Dorado Regional Office
P. O. Box 11510
El Dorado, Arkansas 71730
Fax: 870-862-8823

**FORM 28
NOTIFICATION OF NATURAL GAS PIPELINE INCIDENT REPORT**

Operator: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Incident: Leak Rupture Other Company Rep. & Phone#: _____

List Other: _____

Location of Incident: _____ 1/4 _____ 1/4 Sec. _____ Twp. _____ Rge. _____ GPS: Latitude: _____ Longitude: _____

County: _____ Distance to Nearest Dwelling: _____ ft/mi Est. Volume of Release: _____ mcf

Date of Incident: _____ Date Reported to AOGC: _____ Date Incident Controlled: _____

Describe cause of incident: _____

Describe action taken to contain incident: _____

Describe land conditions at release: _____

Describe repair efforts: _____

Is release within 100 ft. of public road: Yes No

Is release within 100 ft. of perennial stream: Yes No

Remarks: _____

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is true, correct, and complete.

Operator or Authorized Agent: _____ Date: _____

INSTRUCTIONS

1. This report is applicable to all natural gas pipeline incidents involving non-jurisdictional gas gathering lines subject to Commission General Rule D-17.
2. Complete the entire form.
3. Submit to the appropriate Regional Office.