Facility Type	
All	
County	
All	
Field	
All	
Facility # (/c Name (/oilgas/myc/	wincident/Incident/Find Operator (/oilgas/mvc/wincident/Incident/F Sec (/oil Twp (/oil Rng (/oil QQ (/oilgas Type (/oilga Statu
0	No items to disp
	Clear All Filters Use Selected Facility Clear Selected
Select the	well / facility above and click Use Selected Facility to auto-populate responsible party and location information.
If	the incident is not from a well or facility then manually enter the below information as best as possible.
	Required fields are marked with * and are still required to be entered.
ell / Facility Operator	
Select Operator	
cility ID	
acility Number	
ell File Number	
Well File Number	
eld Name	
Select Oil Field	
ell / Facility Name	
Well Name	
Well Name Submitters Informatio	n
Nell Name Submitters Informatio st Name* First Name	n
Well Name Submitters Informatio rst Name* First Name st Name* Last Name	n
Well Name Submitters Informatio rst Name* First Name st Name* Last Name	n
Well Name Submitters Informatio st Name* First Name st Name* Last Name Idress*	n
Well Name Submitters Informatio st Name* First Name st Name* Last Name Idress* Address	n
Well Name Submitters Information st Name* First Name st Name* Last Name Idress* Address by*	n
Well Name Submitters Informatio st Name* First Name st Name* Last Name Idress* Address ty* City	n
Submitters Informations Information Informations Informations Information In	
Well Name Submitters Informationst Name* First Name st Name* Last Name Iddress* Address ty* City ate* State (2 character abbreviation)	
Submitters Informatio rst Name* First Name st Name* Last Name ddress* Address ty* City ate* State (2 character abbreviation)	

Responsible Party

Email

Responsible Party	
ddress*	
Address	
ddress	
Address	
ity*	
Responsible Party City	
tate*	
State (2 character abbreviation)	
ip*	
Responsible Party Zip Contact Info	
Responsible Party Zip	
Responsible Party Zip Contact Info	
Responsible Party Zip Contact Info First Name*	
Responsible Party Zip Contact Info First Name* Contact First Name	
Responsible Party Zip Contact Info First Name* Contact First Name Last Name*	
Contact Info First Name* Contact First Name Last Name* Contact Last Name	
Responsible Party Zip Contact Info First Name* Contact First Name Last Name* Contact Last Name Telephone*	

Incident Location Information	
County*	
Select County	
Township*	
Select Township	
Range*	
Select Range	
Section*	
Select Section	
Quarter	
Q	
QQuarter	
QQ	
Location Description	
Description of spill location if not on well or facility site. (0 of 1000 max characters)	
General Land Use*	
General Land Use	
Affected Medium*	
Affected Medium	
Surface Owner	
First & Last Name	

tificati		
	on Type	
cide	nt Information	
te of	Incident*	
ne or	Incident*	
e of ir	cident is unknown, enter date of discovery.	
	in hh:mm 24-hour military time, or select from list.	
	ance From Nearest	
וסוסנ	ance i form Nearest	
Oc	cupied Building	
Un		
	Units Iter Well	
VV	REI VVEII	
Un	it	
	Jnits	
	e of Incident*	
ot Ca	ise of Spill	
ot Cau	se of Spill se contained?*	
ot Cau relea is Rel	use of Spill se contained?* ease Contained	
ot Cau relea is Rel	se of Spill se contained?*	
ot Cau relea is Rel	se of Spill se contained?* ease Contained mated Release Volume	
ot Cau releas is Relo Esti	se contained?* ease Contained mated Release Volume	
ot Car releas is Relo Esti Oil	ise of Spill se contained?* ease Contained mated Release Volume its	
ot Cau	ise of Spill se contained?* ease Contained mated Release Volume its	
ot Cau	ise of Spill se contained?* ease Contained mated Release Volume its	
relea: s Rele Esti Oil Un	ise of Spill se contained?* pase Contained mated Release Volume its Units me	
ot Carreleas s Relo Esti Un Un	ise of Spill se contained?* pase Contained mated Release Volume its Units me	
ot Cau	ise of Spill se contained?* ease Contained mated Release Volume its Units ine	
ot Cau	ise of Spill se contained?* ease Contained mated Release Volume its Units ne	
ot Cau	ise of Spill se contained?* ease Contained mated Release Volume its Units ne its Units ne	
ot Cairrelea: Is Releases Rele	ise of Spill se contained?* ease Contained mated Release Volume its Units ne its Units ne	
ot Cairelea: Is Releases Releases Releases Releases Releases Barrier United States Control of the Carrier Carr	use of Spill se contained?* case Contained mated Release Volume its Units ine its Units ine its Units ine	
ot Cairrelea: Is Releases Rele	use of Spill se contained?* case Contained mated Release Volume its Units ine its Units ine its Units ine	
ot Cairelea: Is Releases Relea	see of Spill see contained?* sease Contained mated Release Volume sits Units her sits Units overed Volume	
ot Cairrelea: Is Releases Rele	see of Spill see contained?* sease Contained mated Release Volume sits Units her sits Units overed Volume	
ot Cairelea: Is Releases Relea	use of Spill se contained?* sase Contained mated Release Volume sits Units ne sits Units overed Volume	
ot Cairelea: as Releases Relea	use of Spill se contained?* sase Contained mated Release Volume sits Units ne sits Units overed Volume	