

STATE OF WYOMING
OIL AND GAS CONSERVATION COMMISSION
P.O. BOX 2640
CASPER, WYOMING 82602

API #: _____

INCIDENT REPORT

REPORTING DATE: _____ DATE OF INCIDENT: _____
REPORTING TIME: _____ TIME OF INCIDENT: _____
TIME DISCOVERED: _____ TIME CONTROLLED: _____

NAME OF REPORTING COMPANY: _____

NAME OF PERSON REPORTING: _____

COMPANY ADDRESS: _____

PHONE NUMBER: _____

Legal Location: _____ /4 _____ /4 Sec. _____ Twp. _____ N, Rge: _____ W

County: _____

Well Name/ Field Name/ Facility Name: _____

Lease Number/ Surface Owner: _____

Mineral Number: _____

Description & Extent of Spill: _____

Spill Cause: _____

Action Taken to Clean-up: _____

Action Taken to Prevent Reoccurrence: _____

Spill Into or Within 500 Ft. Of Live Water? _____ Yes _____ No _____ Where? _____
(include water body)

VOLUMES:

DISCHARGED:

RECOVERED:

_____ CRUDE OIL _____ CRUDE OIL
_____ WATER (Produced) _____ WATER
_____ OTHER _____ OTHER

Other Agencies Notified: _____

Report Taken By @ WOGCC: _____ WOGCC Input Date: _____