

Initial Spill / Incident Report

Full Written Report Required Within 15 Days of Submission

You may click on Calendar Icon(s) to enter Dates **RED Indicates Required Data Entry points**

If Data Box does not apply, leave blank...

Date Filed: 03/06/2017 21:06

Discovery Date Incident Date Time of Incident-24 Hr. Military Time

Time Discovered-24 Hr. Military Time Date Controlled Time Controlled-24 Hr. Military Time

Name of Reporting Company Name of Person Reporting Email Address

Company Address City State Zip Phone

QQ1 QQ2 Sec Twp Rge County

Field Name Facility Name

Lease No/Surface Owner Well Name Mineral Owner API Number-(No Dashes, ie.. 3712345)

Brief Description of Spill (Limited to 255 Characters.) Please submit full details on Written Report!

Brief Description of Cause of Spill (Limited to 255 Characters.) Please submit full details on Written Report!

Brief Description of Action Taken (Limited to 255 Characters.) Please submit full details on Written Report!

Brief Description of Action Taken to Prevent Recurrence (Limited to 255 Characters.) Please submit full details on Written Report!

Volumes-Reported as: Bbls. Gal. Spill in or Near Live Water? Yes No If Yes-Where?

Vol. Discharged- NUMBERS ONLY

Oil NUMBERS ONLY

Water NUMBERS ONLY

Other NUMBERS ONLY

Vol. Recovered- NUMBERS ONLY

Oil NUMBERS ONLY

Water NUMBERS ONLY

Other NUMBERS ONLY

Brief Description of Other Discharged Volumes (Limited to 255 Characters.) Please submit full details on Written Report!

Brief Description of Other Recovered Volumes (Limited to 255 Characters.) Please submit full details on Written Report!

Other Agencies Notified? Yes No If Yes-Which Agencies?

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NOTICE: At the end of submitting your Spill Report, you should get a "Incident Number" both in a popup and via Email

If you have any questions or have additional information on this Incident, please call Kate Helm @ 307-234-7147 M-F 8am-5pm or email kate.helm@wyo.gov