



FOR OGCC USE ONLY

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1/9/2013

ACCIDENT REPORT

As required by Rule 602.b.

Report taken by:

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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: _____