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Spill #:
Spill Name:



Southern Ute Indian Tribe Department of Energy Exploration & Production Spill/Release Report

14929 Highway 172, P.O. Box 1500, Ignacio, CO 81137
(970) 563-5550

This form is to be completed and submitted to the Southern Ute Indian Tribe Department of Energy by the operator responsible for the spill or release within 24 hours of spill discovery. Any release which threatens or reaches waters of the U.S. must be reported as soon as practicable. This form can be submitted by emailing the completed form to spill@sudoe.us. This form must be accompanied by a topographic or aerial map showing the release location and extent.

OPERATOR INFORMATION

Name of Operator: _____ Operator No.: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Mobile: _____
Contact Person: _____ Email: _____

INITIAL SPILL/RELEASE REPORT

Initial Report Date: _____ Date of Discovery: _____ Spill Type: _____

Spill/Release Point Location:

Legal Description of Release Location: QTRQTR _____ SECTION _____ TWP _____
Latitude: _____ RANGE _____ MERIDIAN _____
Longitude: _____ Municipality (if within municipal boundaries): _____
(decimal degrees) ***A location map **MUST** be provided with this spill report***

Reference Location: (Well, ROW, CDP, Disposal Well, etc.)

Facility Type: _____ Facility Name: _____

Spill/Release Details:

Was one (1) barrel or more spilled outside of berms or secondary containment? _____

Were five (5) barrels or more spilled? _____

****Secondary containment must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs****

Estimated Total Spill Volumes

Estimated Oil Spill Volume (bbl): _____ Estimated Condensate Spill Volume (bbl): _____
Estimated Flowback Fluid Spill Volume (bbl): _____ Estimated Produced Water Spill Volume (bbl): _____
Estimated Other E&P Spill Volume (bbl): _____ Estimated Drilling Fluid Spill Volume (bbl): _____
Amount Recovered (bbl): _____

Description of event including what happened and how the release was responded to:

Land Use:

Current Land Use: _____ Other (Specify): _____
Weather Conditions: _____
Surface Owner: _____ Other (Specify): _____

Check if impacted or threatened by spill/release (Check all that apply):

Waters of the U.S. _____ Residence/Occupied Structure _____ Livestock _____ Public Byway _____
Surface Water Supply Area _____

NOTIFICATIONS

| Date | Agency | Contact Person | Phone | Response |
|------|--------|----------------|-------|----------|
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| | | | | |
| | | | | |

OPERATOR CERTIFICATION STATEMENT

I hereby certify that all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: _____

Title: _____ Date: _____ Email: _____

ATTACHMENTS

| Document Name | Description |
|---------------|-------------|
| | |
| | |
| | |
| | |

Additional Comments/Information

FINAL CLOSURE CERTIFICATION

Instructions: Operator must resubmit this form along with documentation of closure activities within 30 days of completion of closure activities. Do not complete this portion until closure activities are complete.

I hereby certify that the spill detailed above has been remediated in accordance with regulatory requirements and tribal requests, and all information submitted in connection with this spill and closure activities is true, accurate, and complete to the best of my knowledge.

Signature: _____ Title: _____

Name: _____ Date: _____

Email: _____

BIA/BLM Concurrence

Attached

Date: _____

Comments: _____
