



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): _____ | | |
| <small>(decimal degrees)</small> | ***A location map <u>MUST</u> 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? _____ | | | |
| <i>**Secondary containment must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs**</i> | | | |
| 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 |
|------|--------|----------------|-------|----------|
| | | | | |
| | | | | |
| | | | | |

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: _____
