Spill Name:

ABOVE FIELDS FOR AGENCY USE ONLY

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/REI	LEASE REP	ORT	
Initial Report Date:	Date/Time of Occ	urance:	Spill Type:	
Spill/Release Point Loc	cation:			
Legal Description of Release L	_ocation: QTRQTR	SECTION	TWP	
Latitude:		RANGE	MERIDIAN	
Longitude:			ipality/County:	
(decimal degrees)	***A location map <u>MUST</u> be pr	ovided with this s	pill report***	
Reference Location: (Well, ROW, CDP, Disposal Well, etc.)	Lease #:		
Facility Type:		Facility Name/API #:		
Spill/Release Details:				
Was one (1) barre	el or more spilled outside of berms or sec	condary containment?	·	
	Were five (5) ba	arrels or more spilled?		
Secondary containment n	nust be sufficiently impervious to contain	any discharge from p	rimary containment until cleanup occurs	
	Any injuries as	sociated with release?		
Estimated Total Spill V	olumes			
Estimated Oil Sp	pill Volume (bbl):	Estimated Co	ndensate 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):	Amount Lost (bbl):		
Cause and description of	release, environmental impacts,	actions taken to co	ontrol release, and cleanup and respon	se:
What actions will be take	n to prevent a recurrance or simil	ar event?		
Land Use:				
		Other (Specify)		
Current Land Use:		Other (Specify):	·	
Weather Conditions:				
Surface Owner:		Other (Specify):		
Check if impacted or th	nreatened by spill/release (Che	ck all that apply)	:	
-	Residence/Occupied Structure	Livestock	Public Byway	
Surface Water Supply Area	-			

NOTIFICATIONS					
Date/Time	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: _ Title: Print Name:

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. <u>Do not complete this portion until closure activities are complete.</u>

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:
Name:
Email:

BIA/BLM Concurrence
Attached
Date:
Comments:

Note: This form can be used to report spills to the BLM Tres Rios Field Office if all information is compliant with NTL-3A reporting requirements