



FOR OGCC USE ONLY

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.):

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: _____