

Spill #: _____

Spill Name: _____

FOR AGENCY USE



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: _____
