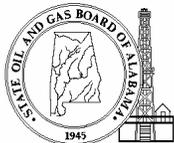


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INSTRUCTIONS

Read Carefully and Comply Fully

Make sure that you have given correctly all information requested. **State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.**



STATE OIL AND GAS BOARD OF ALABAMA

420 Hackberry Lane

P.O. Box 869999

Tuscaloosa, Alabama 35486-6999

(205) 349-2852 Fax (205)349-2861

www.ogb.state.al.us

Permit no. (if applicable)

Notification of Fire, Spill, Leak, or Blow Out Incident Report

(file in duplicate)

Name of operator _____ Date _____

Address _____ City _____ State _____ Zip _____

Facility name _____ County _____

(give footage from nearest section or tract lines) Section-Township-Range or Tract

Facility

Location *

Latitude [][] . [][][][][]

Longitude [][] . [][][][][][]

Field (If wildcat, so state)

NOTIFICATION OF INCIDENT

OGB Staff Member Notified: _____ Reporting Date: _____

Time: _____ Reported By (Company Representative): _____

When Did Incident Occur? Date: _____ Time: _____ AM [] PM []

Did incident cause injury or death? Yes [] No []

If yes, list names and indicate whether injury or death occurred: _____

Material spilled: _____

Estimated volume of spill or leak: _____

Material contained on location? Yes [] No []

If no, describe affected area below and on the reverse side of this form draw a plat showing area affected by material.

Description of affected area: _____

Material entered a stream, creek, swamp or any water area? Yes [] No []

If yes, identify other state and federal agencies that were notified:

Agency: _____ Contact Person: _____

Agency: _____ Contact Person: _____

CAUSE AND ACTIONS

Circumstances causing the incident: _____

Measures taken to control fire, spill, leak, or blow out: _____

Measures taken to clean up: _____

Measures taken to prevent reoccurrence of this incident: _____

Date that cleanup operations completed: _____

Remarks:

* Omit for pipelines

I am authorized to make the above report and have knowledge of the facts stated therein. I certify that said report is true and correct.

Date: _____

Signature of Operator's Agent