



STATE OIL AND GAS BOARD OF ALABAMA

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

Form OGB-27, Rev. 07/13 (File in duplicate)

Permit Number (if applicable) 01 - - - - API Number (if applicable)

Fire Spill Leak Blow Out

Name of operator Date

Address City State Zip

1. Facility name 2. County

3. Facility Location\* (give footage from nearest section or offshore tract lines) Section-Township-Range or Tract

Latitude (NAD27) Longitude (NAD27)

3. 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 and 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 (if completed):

Remarks:

\* Omit for gathering lines

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.

Signature of Operator's Agent

Date