

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL AND GAS THEFT/FRAUD INVESTIGATION SUMMARY REPORT

**“FOR OFFICIAL USE ONLY”**

Number  Enter File #.

**INITIAL COMPLAINT**

<b>LEASE IDENTIFICATION:</b>			
Lease Type: <input type="text"/> Choose Lease/CA/Unit <input type="text"/> Enter Lease/CA/Unit #.			
Lease Category: <input type="text"/> Choose lease category.		If Other:	
Tribe/Allottee Name: <input type="text"/>			
Well Identification: Well Name/Number: <input type="text"/>			
Location: <input type="checkbox"/> ¼ <input type="checkbox"/> ¼ Section <input type="checkbox"/> Township <input type="checkbox"/> Range		Latitude: <input type="text"/>	Longitude: <input type="text"/>
County: <input type="text"/>	State: <input type="text"/>		
Operator: <input type="text"/>		Operator Representative: <input type="text"/>	

<b>COMPLAINANT:</b>			
Name: <input type="text"/> Enter name of person reporting theft.		Telephone: <input type="text"/> Enter telephone #.	
Position: <input type="text"/> Enter persons position and company working for.			
Address: <input type="text"/> Enter address.	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
How discovered: <input type="text"/> Enter how discovered.			
Incident: <input type="text"/> Enter account of incident.			
Report Received By: <input type="text"/> Enter name of person who received report.		Date/Time: <input type="text"/> Enter date and time report was received.	

<b>REPORTED TO:</b>		
<input type="checkbox"/> BLM Law Enforcement:	<input type="text"/> Enter name of law enforcement agent	<input type="text"/> Enter date contacted.
<input type="checkbox"/> Company security:	<input type="text"/> Enter name of person contacted.	<input type="text"/> Enter date contacted.
<input type="checkbox"/> Sheriff's Department:	<input type="text"/> Enter Sheriff's Department and name of person contacted.	<input type="text"/> Enter date contacted.
<input type="checkbox"/> Other:	<input type="text"/> Enter any other person or agency contacted.	<input type="text"/> Enter date contacted.
Comments: <input type="text"/> Enter any comments here.		

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**DETAILS OF INCIDENT**

<b>THEFT DETAILS:</b>		
Suspected date and time theft occurred: <input type="text"/>		
Estimated loss: <input type="text"/> <input type="text"/> Choose measurement type.	Type of Product: <input type="text"/> Choose whether oil or gas.	Estimated \$ value : \$ <input type="text"/>
Theft was from: <input type="text"/> Choose an item.	If other specify: <input type="text"/> Enter description of other.	
Suspected removal point: <input type="text"/> Choose an item.	If other specify: <input type="text"/> Enter description of other.	

<b>SITE SECURITY AND GAUGE/SEAL INFORMATION:</b>	
Date of last BLM inspection prior to discovery of theft: <input type="text"/> Enter date of last inspection.	By: <input type="text"/> Enter name of inspector.
Date of last production verification inspection: <input type="text"/> Enter date of last inspection.	By: <input type="text"/> Enter name of inspector.
Last operator gauge reading prior to discovery of theft: <input type="text"/> Feet, <input type="text"/> Inches, <input type="text"/> Barrels @ <input type="text"/> °F, <input type="text"/> %BS&W	
Operator gauge/meter readings when theft was discovered: <input type="text"/> Feet, <input type="text"/> Inches, <input type="text"/> Barrels @ <input type="text"/> °F, <input type="text"/> %BS&W	
Seals in place prior to discovery of theft (from operator; enter tank and seal number(s) and identify associated valves) <input type="text"/> Enter tank and seal information	
Seals currently in place on tank (from operator; enter tank and seal number(s) and identify associated valves) <input type="text"/> Enter tank and seal information	
Comments: <input type="text"/> Enter any comments here.	

<b>FRAUD DETAILS:</b>	
Suspected date and time fraud occurred: <input type="text"/>	
Identify the following items involved in the incident: <input type="checkbox"/> Run tickets <input type="checkbox"/> Truck manifest <input type="checkbox"/> OGORs <input type="checkbox"/> Work Order <input type="checkbox"/> Operator field reports <input type="checkbox"/> Meter calibration/proving reports <input type="checkbox"/> Other: <input type="text"/> Enter other items involved.	
Were suspected documents retained? Yes/No. If no, state reason below. <input type="text"/> Enter reason why documents not retained.	

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WITNESS:			
Name: Enter name of the witness.		Telephone: Enter telephone #.	
Address: Enter address.	City:	State:	Zip:
Comments: Enter any comments here.			

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Attachment 1-3

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ON-SITE INSPECTION BY INSPECTOR OR AUTHORIZED REPRESENTATIVE:

<input type="checkbox"/> Inspection conducted:	By: <input type="text" value="Enter name of the inspector."/>	Date: <input type="text" value="Inspection date"/>
<input type="checkbox"/> Inspection not conducted: <input type="text" value="Enter reason why inspection not conducted."/>		
Evidence found: <input type="text" value="Enter the evidence found during inspection."/>		

LOSS DETERMINATION:		
<input type="checkbox"/> Unavoidable:	By: <input type="text" value="Enter name of person making determination."/>	Date: <input type="text" value="Date determination made."/>
<input type="checkbox"/> Avoidable:	By: <input type="text" value="Enter name of person making determination."/>	Date: <input type="text" value="Date determination made."/>
If avoidable, certified letter sent to operator: Date letter sent. <input type="text"/>		
<input type="checkbox"/> Appealed	Date Appeal Filed: <input type="text"/> Date letter sent. <input type="text"/>	
<input type="checkbox"/> Not appealed		
Comments: <input type="text" value="Enter any comments."/>		

DISPOSITION:		
<input type="checkbox"/> Referred to law enforcement:	Date: <input type="text" value="Date referred to"/>	
<input type="checkbox"/> Referred to:	Person and Organization Referred to: <input type="text" value="person and organization referred to"/>	Date: <input type="text" value="Date referred to"/>
<input type="checkbox"/> Referred to MMS	Date: <input type="text" value="Date referred to"/>	
<input type="checkbox"/> Closed no further action		
Comments: <input type="text" value="Enter any comments."/>		

Authorized Officer \_\_\_\_\_,   
(Signature)

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