|  |  |  |
| --- | --- | --- |
|  | **United States Department of Interior**  **Bureau of Land Management**  **Major Undesirable Event Report[[1]](#footnote-1)** | ATTACHMENT 2 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Report Type: Initial 24-Hour ☐ 15-Day/Final ☐ Other/Follow-up ☐ | | | | | | | | | | | | | | | |
| BLM Field Office: State: | | | | | | | | | | | | | | | |
| BLM Contact: | | | | | | Date of this Report: | | | | | | | | | |
| Company Official Reporting to BLM: | | | | | | | | | | | | | | | |
| Operator: | | | | | | | | | | | | | | | |
| Date/Time of Occurrence: | | | | | | | Date/Time BLM Notified: | | | | | | | | |
| Field/Unit Name: | | | | | | | Lease Number: | | | | | | | | |
| State: | County: | | | | Twp: | | | | Rng: | | Sec: | | | | Qtr: |
| :Intentionally left blank | | | | |  | | | | | |  | | | | |
| Surface Ownership: | | | | Federal: ☐ | | | Indian: ☐ | | | State: ☐ | | | | FEE ☐ | |
| **Type and Relevant Details of Event** | | | | | | | | | | | | | | | |
| Oil Spill ☐ | | | Oil/Water Spill ☐ | | | | | Gas Venting☐ | | | | | Toxic Fluid Spill ☐ | | |
| Saltwater Spill ☐ | | | Other Spill (Specific) ☐ | | | | | Blowout ☐ | | | | | Fire ☐ | | |
| Injury ☐ | | | Fatality ☐ | | | | | Property Damage ☐ | | | | | Explosion ☐ | | |
| Nature and Cause of Event: | | | | | | | | | | | | | | | |
| Environmental Impact: | | | | | | | | | | | | | | | |
| Time Required to Control Event (Hours) : | | | | |  | | | | | | | | | | |
| Volume Discharged or Consumed: | | | | | OIL: \_\_\_\_ bbls WATER:\_\_\_\_\_\_ bbls GAS: \_\_\_\_mcf | | | | | | | | | | |
| Volumes Recovered: | | | | | OIL: \_\_\_\_ bbls WATER:\_\_\_\_\_\_ bbls | | | | | | | | | | |
| |  |  | | --- | --- | | Net Volume Lost: | OIL: \_\_\_\_ bbls WATER:\_\_\_\_\_\_ bbls | | | | | | | | | | | | | | | | |
| Action Taken to Control Event: | | | | | | | | | | | | | | | |
| Resulting Damage: | | | | | | | | | | | | | | | |
| Clean-Up Procedures: | | | | | | | | | | | | | | | |
| Cause/Extent of Personal Injury: | | | | | | | | | | | | | | | |
| Actions the operator has taken or will take to prevent a recurrence of the incident: | | | | | | | | | | | | | | | |
| Agency Notification List: (Federal/State/Local): | | Agency Name | | | | Contact Name | | | | | | Date/Time | | | |
|  | | | |  | | | | | |  | | | |
|  | | | |  | | | | | |  | | | |
| Remarks: Include available Major Undesirable Events (MUE) history (attach additional sheet, if needed) for the past 3 years of the same well. Include pictures, if available | | | | | | | | | | | | | | | |

1. As required per *Section III* , NTL-3A, Federal Register Notice Vol. 44-No. 7, Wednesday, January 10, 1979, [NTL-3A] Reporting Of Undesirable Events, Notice to Lessees and Operators; P. 2204-2206 [↑](#footnote-ref-1)