

Approved by: Robert J. Leaverton

**BUREAU OF LAND MANAGEMENT  
WO MAJOR UNDESIRABLE EVENT (MUE) REPORTING FORMAT**

BLM Office Reporting:					
BLM Employee:					
Company Official Reporting to BLM:					
Operator:					
Date/Time of Occurrence:			Date/Time BLM Notified:		
Field/Unit Name:			Lease Number:		
State:	County:	Twn:	Rng:	Sec:	Qtr:
Surface Ownership: (circle one)		Federal	Indian	State	FEE
Type of Event: (circle one)	Oil Spill	Oil/Water Spill	Gas Venting	Toxic Fluid Spill	
	Saltwater Spill	Other Spill (Specify)	Blowout	Fire	
	Injury	Fatality	Property Damage	Explosion	
Nature and Cause of Event:					
Environmental Impact:					
Time Required to Control Event (Hours):					
Volumes Discharged or Consumed:					
Volumes Recovered:					
Action Taken to Control Event:					
Resultant Damage:					
Clean-Up Procedures:					
Cause/Extent of Personal Injury:					
Agency Notification List: (Federal/State/Local):	Agency Name	Contact Name	Date/Time		

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Remarks:

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