



FACILITY FAILURE AND RELEASE REPORT

State Form 55504 (R / 12-17) / Form No. R7

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
 402 W. Washington St., Rm. 293
 Indianapolis, IN 46204
 Telephone number: (317) 232-4055
 FAX number: (317) 232-1550
 Internet: <http://www.in.gov/dnr/dnroil>

PART I			GENERAL INFORMATION		
Type of report <i>(Check as needed.)</i>					
<input type="checkbox"/> Well failure <i>(Complete all parts.)</i>		<input type="checkbox"/> Release <i>(Complete all parts.)</i>		<input type="checkbox"/> Fire / Blowout <i>(Complete all parts.)</i>	
Name of operator				Telephone number () -	
Address of operator <i>(number and street)</i> <input type="checkbox"/> Check here if this is a new address.					
City			State		ZIP code

PART II								LOCATION INFORMATION								
Name of lease						Permit number <i>(if applicable)</i>				Tank registration number <i>(if applicable)</i>						
Section		Township		Range		¼	¼	¼	Footage's:		ft. from		<input type="checkbox"/> N,	<input type="checkbox"/> S,	<input type="checkbox"/> NW,	<input type="checkbox"/> SE line
									ft. from		<input type="checkbox"/> E,	<input type="checkbox"/> W,	<input type="checkbox"/> NE,	<input type="checkbox"/> SW line		
County			Name of person responsible for maintaining the well						Telephone number () -							

PART III								FAILURE INFORMATION							
Source of release <i>(Check as needed.)</i>						Type of release <i>(Check as needed.)</i>									
<input type="checkbox"/> Wellhead		<input type="checkbox"/> Flowline		<input type="checkbox"/> Pump		<input type="checkbox"/> Tanks		<input type="checkbox"/> Firewall		<input type="checkbox"/> Pit		<input type="checkbox"/> Oil		<input type="checkbox"/> Saltwater	
Estimated release		<input type="checkbox"/> Gallons		<input type="checkbox"/> Barrels		Date release discovered <i>(mm,dd,yyyy)</i>		Date corrective action taken <i>(mm,dd,yyyy)</i>		Date of report <i>(mm,dd,yyyy)</i>					
Oil		Saltwater													
Describe the incident and cause of the incident. <i>(Attach additional documentation as needed.)</i>															
Describe the corrective action taken to respond and clean up. Also list preventative measures taken to prevent future incidents. <i>(Attach additional documentation as needed.)</i>															
Has the release entered surface water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						Is the release still inside the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Was the Division of Oil and Gas inspector notified? <input type="checkbox"/> Yes <input type="checkbox"/> No						If No, attach signed explanatory statement.									
Did you report the release to the Department of Environmental Management? <input type="checkbox"/> Yes <input type="checkbox"/> No						If Yes, list the incident number of that report.									

PART IV		AFFIRMATION	
I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief.			
Printed name of operator or authorized agent			
Signature of operator or authorized agent		Date signed <i>(mm,dd,yyyy)</i>	

SPECIAL REQUIREMENTS

1. This report must be submitted to the division within thirty (30) days of a failure, release, blowout, or fire.
2. Only those individuals whose signatures appear in PARTS V and VI of the Organizational Report may sign this report.
3. Make a drawing on back showing the lease, including spill and affected area, closest wells including permit number(s), tank battery location, closest lease roads, county roads, ditches, and waterways.
4. This form does not take away the requirement for an initial phone call and e-mail report within the specified time period listed in 312 IAC 29-25-2 for spills, and 312 IAC 29-25-3 for fires and blowouts.