



INCIDENT REPORT

Environmental & Safety
V2007-1

GENERAL INFORMATION			
LOCATION:	Eva Blinebry B Fed #5	DISTRICT:	Eunice
DEPARTMENT:	Drilling	FIELD:	Blinebry-Tubb-Drinkard
REPORTED BY:	Mark Mullinix	PHONE #:	432-631-1366
NOTIFIED BY:	Mark Mullinix	PHONE #:	432-631-1366
WITNESSES:		PHONE #:	
DATE OF INCIDENT:	4/22/08	TIME:	11:00 PM
		DATE REPORTED:	4/23/08
PHOTOS TAKEN?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IF YES, SENT TO:	Range - Fort Worth
INCIDENT:	RANGE <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/>	CONTRACTOR/OTHER:	

IDENTIFY INCIDENT			
INJURY:	PROPERTY DAMAGE:	ENVIRONMENTAL:	
Injured Party: _____ Injury Type: _____ _____ Lost Days (if applicable) _____ Date Returned to Work (if applicable)	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Spill Volume	310 _____
		<input checked="" type="checkbox"/> Spill Recovered	260 bbls
		<input checked="" type="checkbox"/> Water	
		<input type="checkbox"/> Hydrocarbon	
		<input type="checkbox"/> Emulsion	
		<input checked="" type="checkbox"/> Gas	
		<input type="checkbox"/> Gas Leak Volume	_____
		<input type="checkbox"/> Public Impact / Complaint	
		<input type="checkbox"/> Emission Limit Type	_____
		<input type="checkbox"/> Regulatory Action	
OSHA _____	Env Reportable? Yes <input type="checkbox"/> No <input type="checkbox"/>	PROCESS LOSS: _____	TERRAIN AFFECTED: <u>Land-On Lease</u>
		Other (Specify) _____	
		Total Estimated Cost: _____	
		AFE # (if applicable): _____	

PERSONNEL/GOVERNMENT AGENCIES NOTIFIED (IF MORE SPACE REQUIRED, PLEASE LIST ON SEPARATE SHEET)			
DATE NOTIFIED:	AGENCY CONTACT PERSON:	CONTACT PHONE #:	AGENCY/RANGE DEPARTMENT:
4/23/08 & 4/24/08	Jim McCormick	505-631-4547	BLM

DETAILED DESCRIPTION OF INCIDENT	
Clearly describe how the incident occurred (ex: who, what, when, where, why and how. Address all items checked above. Include recent trends based on risk assessments and observations. Update this section as information becomes available.	
Date	Description
	While drilling at 2203' took a kick of gas and water, resulting in uncontrolled flow lasting 40 minutes, most of water (260 bbls) stayed on location and was picked up by vacuum truck, approximately 50 bbls of water left the location and ran into the field on the east side of location

IMMEDIATE CAUSES		
<input type="checkbox"/> Following Procedures	<input type="checkbox"/> Following Procedures	<input type="checkbox"/> Following Procedures
<input type="checkbox"/> Use of Protective Methods	<input type="checkbox"/> Use of Protective Methods	<input type="checkbox"/> Use of Protective Methods
<input type="checkbox"/> Inattention/ Lack of Awareness	<input type="checkbox"/> Inattention/ Lack of Awareness	<input type="checkbox"/> Inattention/ Lack of Awareness

REMEDIAL ACTIONS SECTION			
REMEDIAL ACTIONS (to reduce or eliminate the direct and indirect causes)			
Description	Target Date	Completed Date	Action By
Propose to remediate affected area with enzymes and water to neutralize any possible chloride exposure	4/26/08	4/26/08	Range



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Please E-Mail Completed Form to mhansen@rangeresources.com or fax to (817) 869-9168 attn: EHS Dept.