



# INCIDENT REPORT

Environmental & Safety

V2007-1

## GENERAL INFORMATION

LOCATION:	<b>Eva Blinebry B Fed #5</b>	DISTRICT:	<b>Eunice</b>
DEPARTMENT:	<b>Drilling</b>	FIELD:	<b>Blinebry-Tubb-Drinkard</b>
REPORTED BY:	<b>Mark Mullinix</b>	PHONE #:	<b>432-631-1366</b>
NOTIFIED BY:	<b>Mark Mullinix</b>	PHONE #:	<b>432-631-1366</b>
WITNESSES:		PHONE #:	
DATE OF INCIDENT:	<b>4/22/08</b>	TIME:	<b>11:00 PM</b>
		DATE REPORTED:	<b>4/23/08</b>
PHOTOS TAKEN?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	IF YES, SENT TO:	<b>Range - Fort Worth</b>
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 <b>310</b> _____ <input checked="" type="checkbox"/> Spill Recovered <b>260</b> 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?	PROCESS LOSS:	
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ Other (Specify) _____ <b>Total Estimated Cost:</b> _____ <b>AFE # (If applicable):</b> _____	TERRAIN AFFECTED: <u>Land-On Lease</u>

## PERSONNEL/GOVERNMENT AGENCIES NOTIFIED (IF MORE SPACE REQUIRED, PLEASE LIST ON SEPARATE SHEET)

DATE NOTIFIED:	AGENCY CONTACT PERSON:	CONTACT PHONE #:	AGENCY/RANGE DEPARTMENT:
<b>4/23/08 &amp; 4/24/08</b>	<b>Jim McCormick</b>	<b>505-631-4547</b>	<b>BLM</b>

## 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
	<b>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</b>

## 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
<b>Propose to remediate affected area with enzymes and water to neutralize any possible chloride exposure</b>	<b>4/26/08</b>	<b>4/26/08</b>	<b>Range</b>



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