ARKANSAS OIL AND GAS COMMISSION

Submit Form To Appropriate District Office:

☐ **Fort Smith Regional Office**
3309 Phoenix Avenue
Fort Smith, Arkansas 72903
Fax: 479-646-2578

☐ **El Dorado Regional Office**
P. O. Box 11510
El Dorado, Arkansas 71730
Fax: 870-862-8823

FORM 28
NOTIFICATION OF NATURAL GAS PIPELINE INCIDENT REPORT

Operator: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Incident: ☐ Leak ☐ Rupture ☐ Other Company Rep. & Phone#: _____

List Other: _____ _____

Location of Incident: ____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rge. ____ GPS: Lattitude: _____ Longitude: _____

County: _____ Distance to Nearest Dwelling: _____ ft/mi Est. Volume of Release: _____ mcf

Date of Incident: _____ Date Reported to AOGC: _____ Date Incident Controlled: _____

Describe cause of incident: _____

Describe action taken to contain incident: _____

Describe land conditions at release: _____

Describe repair efforts: _____

Is release within 100 ft. of public road: ☐ Yes ☐ No

Is release within 100 ft. of perennial stream: ☐ Yes ☐ No

Remarks: _____

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is true, correct, and complete.

Operator or Authorized Agent: _____ Date: _____

Revised 04/09

INSTRUCTIONS

1. This report is applicable to all natural gas pipeline incidents involving non-jurisdictional gas gathering lines subject to Commission General Rule D-17.

2. Complete the entire form.

3. Submit to the appropriate Regional Office.