


Spill No. _____ Spill Location: _____ Spill Date: _____
 Well Licence #: _____ GPS Co-ord (NAD 83): Northing: _____ Easting: _____
 Operating Company: _____
 Reported By: _____ Date Reported: _____
 Fluid Type (m3): Oil _____ Water _____ Other _____
 Fluid Volumes (m3): Spilled: _____ Recovered: _____ Lost: _____
 Spill Source: _____ Spill Cause: _____
 Battery Operating Permit No.: _____ Flow Line License: _____ Segment No.: _____
 Area Affected: _____ m2 Spill Off Lease: _____

Sketch of Spill Area (indicate approximate distances):

Comment: _____ <div style="text-align: center;">  </div>	Landowner/Occupant: _____ Address: _____ Date Notified: _____
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Action Taken By Company To:

- a. Control Spill: _____
 Date Completed: _____
- b. Clean Up Spill Area: _____
 Date Completed: _____
- c. Disposition of Spill Fluids and Contaminated Material: _____
 Date Completed: _____
- d. Prevent Recurrence of Spill: _____
 Date Completed: _____
- e. Immediate Rehabilitation: _____
 Date Completed: _____

Name of Person Completing Report: _____ Position in Company: _____

Date Form Completed: _____

For Department Use Only (DO NOT USE THIS AREA):

Spill Identification Level: 1 2 3

Inspected By: _____ Initial Inspection Date: _____

Final Inspection Date: _____ Follow Up Required: _____

Approved Date: _____ Health Unit Notified: _____

Enter Into Rehab. Program: YES / NO Rehab. No.: _____

Remarks: _____