

**BUREAU OF LAND MANAGEMENT  
WO MAJOR UNDESIRABLE EVENT (MUE) REPORTING FORMAT**

BLM Office Reporting:						
BLM Employee:						
Company Official Reporting to BLM:						
Operator:						
Date/Time of Occurrence:				Date/Time BLM Notified:		
Field/Unit Name:				Lease Number:		
State:	County:	Twn:	Rng:	Sec:	Qtr:	
Surface Ownership: (circle one)		Federal	Indian	State	FEE	
Type of Event: (circle one)	Oil Spill	Oil/Water Spill	Gas Venting	Toxic Fluid Spill		
	Saltwater Spill	Other Spill (Specify)	Blowout	Fire		
	Injury	Fatality	Property Damage	Explosion		
Nature and Cause of Event:						
Environmental Impact:						
Time Required to Control Event (Hours):						
Volumes Discharged or Consumed:						
Volumes Recovered:						
Action Taken to Control Event:						
Resultant Damage:						
Clean-Up Procedures:						
Cause/Extent of Personal Injury:						
Agency Notification List: (Federal/State/Local):	Agency Name	Contact Name	Date/Time			
Remarks:						