

Uell

User Reference Guide

Table of Contents

COURSE OVERVIEW	
Course Description	3
1 REPORT AND MAINTAIN AN INCIDENT	4
1.1 REPORT AN INCIDENT	4
1.1.1 Key Points	
1.2 MAINTAIN AN INCIDENT	
1.2.1 Key Points	

COURSE OVERVIEW

Course Description

The Incident capability in WellSTAR provides access to incident data pertaining to well or facility. WellSTAR users are able to document incidents by entering an incident's location, type, and other relevant information. These incidents are assigned to an agent or organization to manage and track related remediation and investigations through the WellSTAR incidents section.

1 REPORT AND MAINTAIN AN INCIDENT

In this lesson you will learn how to submit an Incident form, and consequenty, review an Incident form.

Lesson Objectives:

- Report an Incident
- Monitor an Incident

1.1 Report an Incident

Home					😯 Help
My Tasks Tasks Alerts Online For	ms Forms In Progr	ress Forms Submitted			
		T Ad	dvanced Filtering	Search	\$
Form Name †	Form Category	Purpose	Version	Count	
Notice of mention	AACII	Drill/Rework/Abandon a Well		-4-47	•
OG110 Monthly Production	Production	Form used to report monthly production data from Operators to DOGGR	1	17	
OG110B Monthly Injection	Production	Form used to report monthly injection data from Operators to DOGGR	1	3	
OG110D Monthly Disposition	Production	Form used to report monthly disposition data from Operators to DOGGR	1	1	
Operator Incident Report	Incidents	Allows users to create and maintain Incidents	1	3	
Organization Questionnaire	Entity	Create or Maintain Entity Information	1	220	
Image: Image	page		N	/iewing 1 - 20 from 33 r	results 💍

Step	Action	Required Fields
1.	From the Home screen, select Online Forms.	
2.	In the search bar on the right, type in "Incidents".	
3.	Click on the blue hyperlink labeled Incidents.	

Section 1. Form Information

E Form I	Navigation 0	Form Information	
1. For	m Information	Including Oil Spills, Blowouts, Fires, Serious Accidents, Significant Gas or Water Leaks.	* Indicates required field
		Form Name Operator Incident Report	
		Organization *	
		Berry Petroleum Company, LLC (B3930) - Bakersfield, CA	
		Did the Incident occur at a known Well or Facility?	
		●Yes ◯No	
		Description * 📵	
		Spill; <u>Placerita</u> Oil Company at <u>WF</u> 10-4	
		Cancel Save & Continue	
Step	Action	Cancel Save & Continue	Required Fields
Step 1.	Action You will be taken to Sec	Cancel Save & Continue	Required Fields Organization
Step 1.	Action You will be taken to Sec an Incident. Start by ty	Cancel Save & Continue Stion 1. Form Information page for Report ping in the Organization Name and search	Required Fields Organization
Step 1.	Action You will be taken to Sec an Incident. Start by ty for the correct organiza	Cancel Save & Continue etion 1. Form Information page for Report ping in the Organization Name and search tion from the dropdown.	Required Fields Organization
Step 1. 2.	Action You will be taken to Sec an Incident. Start by ty for the correct organiza Select whether the inci	Cancel Save & Continue Extion 1. Form Information page for Report ping in the Organization Name and search tion from the dropdown. dent occurred at a known Well or Facility.	Required Fields Organization
Step 1. 2. 3.	Action You will be taken to Sec an Incident. Start by ty for the correct organiza Select whether the inci Enter in a Description f	Cancel Save & Continue etion 1. Form Information page for Report ping in the Organization Name and search tion from the dropdown. dent occurred at a known Well or Facility. or this Incident	Required Fields Organization Description
Step 1. 2. 3.	Action You will be taken to Sec an Incident. Start by ty for the correct organiza Select whether the inci Enter in a Description f NOTE: It is reco	Cancel Save & Continue Extion 1. Form Information page for Report ping in the Organization Name and search tion from the dropdown. dent occurred at a known Well or Facility. or this Incident mmended to enter "Well Name/API, Facility	Required Fields Organization Description
Step 1. 2. 3.	Action You will be taken to Sec an Incident. Start by ty for the correct organiza Select whether the inci Enter in a Description f NOTE: It is reco Name or Locatio	Cancel Save & Continue extion 1. Form Information page for Report ping in the Organization Name and search tion from the dropdown. dent occurred at a known Well or Facility. or this Incident mmended to enter "Well Name/API, Facility on Information" in Description so that this	Required Fields Organization Description
Step 1. 2. 3.	Action You will be taken to Sec an Incident. Start by ty for the correct organiza Select whether the inci Enter in a Description f NOTE: It is reco Name or Locatio information can	Cancel Save & Continue Save & Continue	Required Fields Organization Description
Step 1. 2. 3.	Action You will be taken to Sec an Incident. Start by ty for the correct organiza Select whether the inci Enter in a Description f NOTE: It is reco Name or Locatio information can Lake View 2 030	Cancel Save & Continue Save & Continue Stion 1. Form Information page for Report ping in the Organization Name and search tion from the dropdown. dent occurred at a known Well or Facility. Sor this Incident mmended to enter "Well Name/API, Facility on Information" in Description so that this also be used to locate the form. Example: -12345	Required Fields Organization Description
Step 1. 2. 3.	Action You will be taken to Sec an Incident. Start by ty for the correct organiza Select whether the inci Enter in a Description f NOTE: It is reco Name or Locatio information can Lake View 2 030	Cancel Save & Continue Extion 1. Form Information page for Report ping in the Organization Name and search tion from the dropdown. dent occurred at a known Well or Facility. or this Incident mmended to enter "Well Name/API, Facility on Information" in Description so that this also be used to locate the form. Example: -12345	Required Fields Organization Description

Section 2. Operator Information

Form Navigation	Operator Information				
1. Form Information	Please confirm the co designate contact(s) v Agent and the form su	Please confirm the correct Organization has been selected, and designate contact(s) with their correct role. By default, the Organization's Agent and the form submitter are selected as contacts.			
2. Operator Information 3. Basic Information	Organization Nam Renaissance Petrol	e eum, LLC (R1050)	Type of Orga LLC	anization	
4. Source Information	Organization Prim 3008 Sillect Avenue	ary Address e, Suite 104			
5. Cause Information	Bakersfield, CA 933	308			
6. Spill or Release	Organization Prim	ary Phone Number	Ext		
7. Impacts and Damage	Contacts				
8. Actions Taken				Advanced Filtering	Actions -
9. Document Upload	Name †	Phone Number	Email	Role	Actions
10. Form Submit				Agent	
11. Confirmation	Eric Heaton	(805) 937-7246	Eric.Heaton@conservat ion.ca.govx	Submitter	
12. Reviewer Fields					
13. Review Comments					
14. Review					
I					

Step	Action	Required Fields
1.	Review organization details for correctness.	
	NOTE: changes cannot be made to organization details here.	
2.	Select contacts responsible for form completion and submission.	
3.	If the person is not listed on the contacts list, click "Actions".	
4.	Click "Add Contact".	
5.	Complete contact information in dialogue box that appears.	
6.	Click blue "Update" button.	
7.	Next Click "Next".	

Section 3. Basic Information

E Form Navigation	Θ	Basic Information		
1. Form Information		For initial reporting, enter information You will be able to return to this for only required if the Incident Type: In	on to allow DOGGR to respond pron m to add information. Injury informat njury is selected.	* Indicates required field ion is
2. Operator Information	~	Date/Time of Detection *	Incident Type *	Incident Occurred
3. Basic Information		8/7/2018 1:35 AM	Spill or Release ×	Onshore Offshore
4. Source Information	*			
5. Cause Information	×	Has Incident ended?	Date/Time Ended *	
6 Spill or Delegase		Ves No	8/7/2018 12:41 PM	
6. Spill of Release		Has OES been notified?	OES Control Number*	
7. Impacts and Damage		• Yes No	2180123	
8. Actions Taken		Have other Agencies been	Ageney Name (Select all that	
9. Document Upload		notified?	apply)*	
10. Form Submit		● Yes ◯ No	Department of Fish and $ imes$	
11 Confirmation			Wildlife	
			Fire Department ×	
12. Reviewer Fields		Has Land Owner been	Was there Environmental Dama	age or Natural
13. Review Comments		notified?	Resource Impact?	
14. Review		• Yes No	• Yes No	
		Was the Incident reported in	Was media on location?	Media Type*
		the media?	• Yes No	Print ×
		Brief Incident Description *		
		Gathering Line released 40bbls of	of Oil due to corrosion	
				10

Section *	Township	*	Range *		B&M
31 🔻	04 •	• N •	15 🔻	w •	SB 🔻
County *		Lease		Field	
Los Angeles	s v	WF	•	Placerita	•
_atitude (if ki	nown)	Longitude	(if known)	Municipalit	y (if within
34.3922813	34	-118.495	34381	municipal k	oundaries)
Location Des	cription *				1
Un 2º dathe	ring line, 8.5' f	rom tank			

s this Incident associated to a UGS Project?	UGS Project ID *
🖲 Yes 🔵 No	•
UGS Project Information	
Does the Incident meet PHMSA's definition of an	Incident?
🔿 Yes 💿 No	
Was the Incident reported to the National Respor (NRC) within one hour of Confirmed Discovery?	nse Center
🔿 Yes 💿 No	
Did the One-Hour report contain all of the require - Names of the Operator and person making repor- - The location of the Incident. - The time of the Incident. - The number of fatalities and personal injuries, i - All other significant facts that are known by the Incident or extent of the damages.	ed items? ort and their telephone numbers. f any. Operator that are relevant to the cause of the
🔵 Yes 💿 No	
Was the One-Hour Incident report to the NRC up 48 hours after Confirmed Discovery?	dated within
🔿 Yes 💿 No	
Did the 48-hour updated to the NRC contain all re	equired items?
🔾 Yes 🔘 No	
List dates of each Supplemental Report to the or	iginal (first) Accident Report Form.

	Actio	search	‡ T A	dvanced Filtering
Injury Typ	be	Description of Inju	ury	Actions
Minor	Injury	× " cut o	on hand	Actions
	Pusher had	ption 1" cut on hand		

Step	Action	Required Fields
1.	Input the date and time of detection.	Date/Time of
		Detection
2.	Select the Incident type. The list is as follows:	Incident Type
	Spill or Release	
	Facility or Property Damage	
	Failed Well	
	Surface Expression	
	• Injury	
	Seismic	
3.	Select if the Incident has ended. If you select "Yes", you are	
	required to input the date and time the Incident ended.	
4.	Select if OES has been notified. If you select "Yes", you are	
	required to input the OES Control Number.	
5.	Select if other Agencies have been notified. If you select "Yes",	
	you are required to select the Agency's Name. The list is as	
	follows:	
	Fire Department	
	Public Works	
	• BLM	
	 Regional Water Quality Control Board 	
	 Department of Fish and Wildlife 	
	Local Air District	
	 Department of Toxic Substances Control 	
	California Coastal Commission	
	CalFire	
	County Hazmat	
	 County Department of Public Health 	
	California State Lands Commission	
	County/City Fire Department	
	 County/City Department of Planning 	
	 California Department of Fish and Wildlife Oil Spill 	
	Reponses	
	Environmental Protection Agency	
	 Occupation Safety and Health Agency 	
6.	Select if Land Owner has been notified.	
7.	Select is there was Environmental Damage or Natural Resource	
	Impact.	

8.	 Select if the Incident was reported in News Media. If you select "Yes", you are required to select the media type. The list is as follows: Print TV 	
	 Radio Blog Other 	
9.	Provide a brief Description on how Incident occurred.	Brief Incident Description
10.	Input the Incident Location Information by entering in Section, Township, and Range, B&M, and County. Enter in Lease, Field, Latitude and Longitude, and Municipality if known/applicable.	Section, Township and Range, County
11.	Input in Location Description.	Location Description
12.	Select if this incident has an address. If you select "Yes", you are required to input the Address of the Incident.	

13.	Select if this incident is associated to a UGS Project	
	If you Select yes, you may enter in the following	
	information:	
	 Does the incident meet PHMSA's definition of an 	
	incident?	
	 Was the incident reported to the National 	
	Response Center within one hour of Confirmed	
	Discovery	
	 If yes is selected, you are required to 	
	submit if reported by (DOGGR, Operator, or	
	Other)	
	 Did the One-Hour report contain all required items 	
	 If yes is selected, does it contain: Names of 	
	the Operator and person making report and	
	their telephone numbers.	
	 The location of the incident 	
	• The time of the Incident	
	 The number of fatalities and personal 	
	injuries, if any	
	 All other significant facts that are known by 	
	the Operator that are relevant to the cause	
	of the incident of extent of the damages.	
	Was the One-Hour Incident report to the National	
	Response Center (NRC) updated by 48 nours after	
	confirmed discovery?	
	o II yes is selected, you are required to	
	Other)	
	 Did the 48-Hour update to the NBC contain all 	
	required items?	
	 Did the 48-bour undate to the NRC contain all 	
	required items	
	Was a written Accident Report submitted PHSMA	
	(DOT from PHMSA F7100.2)?	
	\circ If ves is selected, you are required to	
	submit if reported by (DOGGR, Operator, or	
	Other)	
	• List of date for each supplemental report to the	
	original (first) accident report form	
14.	If an Injury has occurred, select Actions on the top right on the	
	table. This brings up a second table to input in the Injury Type	
	(Minor, Major [Requires Hospitalization], or Fatality) and provide	
	a description of the injury.	

Click "Next".

Section 4. Source Information

Form Navigation O Source	e Inform	nation						
1. Form Information Self 2. Operator Information Image: Constraint of the self	lect the d known II is sele Incider	Well and/or F n. Failed Well ected on Step nt Type: Surfa	Facility that is the information is of 3. Surface Exp ace Expression is	e source of the nly required if t ression informa s selected on S	incident, if ap he Incident Ty ation is only re step 3.	plicable /pe: Failed equired if	* Indicates red	juired field
3. Basic Information	ssociat	ed Wells and	Facilities					
4. Source Information								
5. Cause Information	Select	Wells						
6. Spill or Release				T Advanc	ed Filtering	Search		\$
7. Impacts and Damage		API †	Well Designat	Operator Name	Current Type	Currer Status	nt Field	
8. Actions Taken 9. Document Upload 10. Form Submit		04-111- 21431	Naumann 1	Renaissanc e Petroleum, LLC	Oil & Gas	Active	Cabrillo	•
11. Confirmation 12. Reviewer Fields		04-111- 21912	Vivian Rosenmun d 1	Renaissanc e Petroleum, LLC	Oil & Gas	Idle	Cabrillo	
13. Review Comments 14. Review		04-111- 21913	Vivian Rosenmun d 2	Renaissanc e Petroleum, LLC	Oil & Gas	Active	Cabrillo	
	H	(1		10 ▼ items	per page	Viewing	1 - 9 from 9 results	O
Step Action							Required I	Fields
1. Check whether the Incident is Failed Well, Surface Expression	ass on b	ociatec y navig	l with a V ating to	Vell, Fac the corr	c ility, ect tab	le.	Well, Facil	lity
 2. Search for the correct Well/Facility/Expression. This can be completed by inputting API/tank name the search bar or searching through the list of Wells/Facilities If the facility does not exist within the WellSTAR system, you will have to create that facility using the facility 								
information form.								
 Select the correct Well/Facility underneath the search box. T water sample data. 	 3. Select the correct Well/Facility and select the down around underneath the search box. This associates the well/facility to the water sample data. 							
4. Click " Next".								

Section 5. Cause Information

Cause Information		
Enter information on the cause of the incident, if know return to this form to add information.	vn. You will be able to	* Indicates required field
Suspected Source of Incident*		
Pipeline ×		
Primary Cause*	Contributing Factor	
Corrosion ×	Mechanical Failure ×	
Brief Description of Cause *		
Gathering Line is 75 years old. Corrosion of pipe le	ed to release	
If berm of sump failure, how did it fail?		

Step	Action	Required Fields
1.	Select the Suspected Source of Incident type. The list is as follows:	Suspected
	• Well	Source of
	• Tank	Incident
	Pipeline	
	Drill or Workover Rig	
	• Sump	
	Surface Expression	
	 Vehicle (Car/Truck/Boat) 	
	Other Oilfield Equipment	
	Not Yet Known	
2.	Select the Primary Cause. The list is as follows:	Primary Cause
	Incorrect Operation	
	Equipment Failure	
	Equipment Damage	
	Material Failure in Pipe or Well	
	Natural Force Damage	
	Other Outside Force Damage	
	Corrosion	
	Excavation Damage	
	Other Accidental Cause	
	Well Stimulation	
	Drilling Kick	
	Blowout	
	Explosion	
	Not Yet Known	
3.	Select the Contributing Factor (if applicable). The list is as follows:	
	Spill/Release	
	Failed Well	
	Surface Expression	
	Mud/Landslide	
	Subsidence	
	Earthquake/Seismic Activity	
	Explosion	
	• Fire	
	• Flood	
	Mechanical Failure	
4.	Provide a brief Description on the cause of the Incident.	Brief Description
		of Cause

5.	Select the Failure Type (if applicable). The list is as follows:	
	Overflow	
	Washout	
	Leak from Bottom	
	Physical Damage	
6.	Click " Next".	

Section 6. Spill or Release

Spill or Releas	se		
Please ent	er information below.	* Indicate	s required field
Spill	pill or Release	×	n Step 3.
Spill	Material Released *	* Indicates required field	-
	Oil	¥	
Mater	Amount (Estimated) *		Actions
Oil	40		Actions
	Unit of Measure *		
	BBLs 🗸		
	Primary (Initial) Media Affected *		
	Release to Ground 🗸		
	Description *		
м	40 bbls of oil		1 results 💍
Addi Did r		Cancel Save	•

				•
	T Ad	vanced Filtering Act	ions - Search	
Material Treated/Recovered	l †	Amount	Unit	Actions
Oil		40	BBLs	Actions
н – 1 р н	20	▼ items per page	Viewing 1 - 1 from	m 1 results (

Associa	ated Agencies/Parties	~
A	Associated Agencies/Parties	×
Date ↓		* Indicates required field Actions
08/09	Date *	Agency/Party *
/2018	8/9/2018	Fish and Wildlife Actions-
	Contact Name *	Role at Agency/Party
	Scruff McGee	Inspector 🔻
	Contact Phone	Contact Email
	6616451234	fake@fake.com
		Cancel Save
H A	1 ► ► 20 ▼ iter	ms per page Viewing 1 - 1 from 1 results 🔿

Step	Action	Required Fields
1.	If the Incident was a Spill/Release, you will need to enter	
	information regarding the spill/release that has occurred, select	
	Actions on the top right on the table. This brings up a second table	
	to input in the Material Release, Amount, Unit of Measure, Primary	
	Media affected, Description.	
	NOTE: Spill or Release information is only required if the Incident	
	Type is Spill/Release.	
2.	Select if the release crossed lease boundaries.	
3.	You will need to enter information regarding the volumes	
	recovered that has occurred, select Actions on the top right on the	
	table. This brings up a second table to input in the Material	
	Release, Amount, Unit of Measure.	
4.	You will need to enter information regarding the Associated	
	Agencies/Parties that has occurred, select Actions on the top right	
	on the table. This brings up a second table to input in the Date,	
	Agency/Party, Contact Name, Role at Agency/Party, Contact Phone,	
	Contact Email.	
5.	Next Click "Next".	

Section 7. Impacts and Damage

pacts and Dama	ige
Environmental I if indicated on S the Incident Typ	Damage or Natural Resource Impact information is only required Indicates required field Step 3. Facility/Property Damage information is only required if be: Facility/Property Damage is selected on Step 3.
Environmental	I Impacts *
Soil ×	
Natural Resou	rce Impacts *
Trees and Oth	er Vegetation ×
Redwood tree	ed, etc.)* es at park
Redwood tree	ез ат рагк
	li l
Release to Pul	Dic Recreation Area?
Release to Pul	blic Recreation Area?
Release to Put Yes Name of Public	blic Recreation Area? No c Recreation Area

Facility/Property Damag	ge ×
	* Indicates required field
Property Owner*	
Operator	•
Damage to *	
Pipeline(s)	•
Description *	
Pipeline corroded. Wil	ll be replaced
	10
	Cancel Save

Step	Action	Required Fields
1.	Select the Environmental Impact. The list is as follows:	Environmental
	• Soil	Impacts
	Subsurface Soil	
	Surface Water	
	Sediment	
	Groundwater	
	• Air	
2.	Select the Natural Resource Impacts. The list is as follows:	Natural
	 Trees and other Vegetation 	Resource
	 Terrestrial Species (Wildlife) 	Impacts
	 Aquatic Species (Fish and Waterfowl) 	
3.	Describe the action was taken to prevent reoccurrence (if	
	applicable).	
4.	Select if the Impact was at a public recreational area. If you select	
	yes you may enter the name of the public recreation area.	
5.	If there was Facility/Property Damage that has occurred, select	
	Actions on the top right on the table. This brings up a second table	
	to input in the Property Owner (Operator or Non-Operator),	
	Damage to, and a Description. The list of Damage to is as follows:	
	• Venicle(s)	
	Vegetation/Landscape	
	Private Property	
	• Building(s)	
	Government Property	
	• lanks(s)	
	Wellhead(s)	
	Other Production Equipment	
6.	Next Click " Next".	

Section 8. Actions Taken

tions Taken	
Describe actions taken to prevent reoccurrence.	* Indicates required field
Operator plans to prevent reoccurrence (if applicable)	
Operator is replacing all pipelines older than 50 years old.	

Step	Action	Required Fields
1.	Describe the actions taken to prevent reoccurrence (if applicable).	
2.	Next Click " Next".	

Section 9. Document Upload

Department o	f Conservation						Docu	ments - Actions -
					▼ Advar	ced Filtering Act	ions 🗸 🛛 Search	\$
Upload Date	Relevant Date	Uploaded By	Category ↑	Туре	Description	Filename	Status	Confidential
01/28/2019	01/28/2019		Organization	Organization Questionnaire Form Snapshot	Adding Richard Boakye in Ventura	20190128_0519 24_Submitted_N D033_EntityMg mtOrgQuestionn aireSnapshot.pdf	N/A	N
01/28/2019	01/28/2019		Organization	Organization Questionnaire Form Snapshot	Adding Richard Boakye in Ventura	20190128_0523 05_Approved_N D033_EntityMg mtOrgQuestionn aireSnapshot.pdf	N/A	N
02/13/2019	02/13/2019		Organization	Organization Questionnaire Form Snapshot	Add user: Brady.VanEngel en@conservatio n.ca.gov	20190206_0937 39_Submitted_N D033_EntityMg mtOrgQuestionn aireSnapshot.pdf	N/A	N
				Organization	Add user:	20190213_0752		•
H 4 1 2	2 3 4 5	6 7 8 9	10 🕨 🕨	20 🔻 iter	ns per page		Viewing 181 - 20	00 from 1813 results 💍

When reviewing documents, always check the confidential column to see if the uploader marked the document as confidential. The written request for a document to be treated as confidential should be uploaded to the grid.

Step	Action	Required Fields
1.	Upload any pertaining documents applicable to the incident. This	
	can include:	
	 Maps of affected area, photos, videos or field record, etc. 	
2.	To upload, click add document . A popup will expand below.	
3.	In this popup, input all information. To add the document, select	Title, Relevant
	browse, search for the correct file and click upload.	Date,
		Description
4.	Select Upload to upload the form to WellSTAR.	
5.	Select "Next".	

Section 10. Form Submit

	Acknowledgement	
	Submitter	
		11
	Date Received	
	8/9/2018	+++
	I hereby certify all statements made in this form are, to the best of my knowledge, and complete. *	true, correct,
	Form Submit Preview	
	Click the button below to preview your submission summary.	
	Preview Submission Summary	
Back	Submit Save	
Step	Action	Required Fields
1.	If any form needs to be added, click Add Form . This creates a nonun Type in the form ID or name and click "Saye"	
2	If any comments pertaining to the submittal is needed, type in the	
	comment and click Add Comment.	
3.	When ready to acknowledge, click the box label "I hereby	
	certify". This auto populates the user's name who is filling out	
	the form.	
4.	Click the button "Preview Submission Summary" to generate the	
	submission.	
5.	When satisfied with the submission, click "Submit".	1

Section 11. Confirmation

Step	Action	Required Fields
1.	No action needed.	
	NOTE: The Operator Incident Report is submitted and goes through	
	an internal review process. The Review Task is created for the	
	Incidents Workgroup.	

1.1.1 Key Points

- Both internal and external users can submit this form.
- An Incident can be for a Well, Facility, or a Location.
- An Incident must have an Operator associated to it.
- The Incident Report Form is dynamic and changes based on user input.
- All incident data is available to the public after it has been reviewed and accepted.
- An Incident can be linked to an Inspection or Compliance action as part of the review process.
- Incidents can be Active or Closed.

1.2 Maintain an Incident

Hom	e Complaints								🛛 Help
Му	Compliancesks	Alerts	Online Form	s Forms In Prog	ress Forms Submitted				
	Construction Site	Well Review	'S			T A	Advanced Filtering	Search	¢
Form	^N Fäcilities			Form Category	Purpose		Version	Cour	ıt
110B	0 Idle Wells ater Inje			Production	Allows Operators to report injection data on a quarter	water ly basis	1	1	^
110F	Incidents Inspections ^{er Wat}	er Allocation		Production	Report quarterly water allo data	cation	1	0	
110Q	Production Quarterly Water Produ Tests	uction		Production	Allows Operators to report production data on a quart	water erly basis	1	1	
Appli	Transactions cation for injection App Transfers	proval		UIC	Online Form used to creat update an UIC Project.	e or	1	113	
Asse	SUIC Control			Production	Used to apply assessment and gas volumes for the y	rate to oil ear.	1	0	
Bond	Wells Information			Bond	Create or Maintain Bond In	nformation	2	35	

Step	Action	Required Fields
1.	To find the incident list page, from the home screen, click on	
	explore data and select incidents.	

		1.4.0.000										
Incident ID		Operator †		Occurrence Type		Date of Detectio	n	District		Status		Actions
	T		T		T		T		T	Active	T	
						1. Contract (1. Co						

Step	Action	Required Fields
1.	Initially, this page will only show Active incidents. To search	
	for all incidents, select on advance filtering and remove	
	"active" from the status column.	

					▼ Advanced Filtering	Actions - Search		¢
	Incident ID	Operator †	Occurrence Type	Date of Detection	District	Status	Actions	
	T	Ţ	Ţ	T	T	T		
	10000010	Berry Petroleum Company, LLC	Spill or Release	8/6/2018 1:15:00 AM	None	Closed	Actions-	^
	10000010	Berry Petroleum Company, LLC	Spill or Release	8/6/2018 1:15:00 AM	None	Closed	Actions-	
	10000010	Berry Petroleum Company, LLC	Spill or Release	8/6/2018 1:15:00 AM	None	Closed	Actions	
	10000011	Berry Petroleum Company, LLC	Spill or Release	7/31/2018 5:30:00 AM	None	Closed	Actions-	
	10000011	Berry Petroleum Company, LLC	Spill or Release	7/31/2018 5:30:00 AM	None	Closed	Actions-	•
M	▲ 1 ▶ 用	20 🔻 items per page				Viewing 1 - 9	from 9 results	Q

Step	Action	Required Fields
1.	This brings up the list of all incidents inputted within the	
	WellSTAR system. To view a single incident, select the blue	
	hyperlink in the column labeled incident ID.	

Incident ID: 1000	00010						Summary -	Actions -
Incident Type Spill or Release		Incident Occurred Onshore			Incident Stat Closed	us		
Operator Berry Petroleum Com	npany, LLC (B3930)	Date/Time of Detec 8/6/2018 1:15:00 AN	tion 1		Date/Time In 8/7/2018 12:4	cident Ended		
OES Control Numbe 2180123	۶r	Other Agencies No Department of Fish	tified and Wildlife, Fire Department		Was there Er Resource Im Yes	nvironmental l pacts?	Damage or N	atural
Brief Incident Descri Gathering Line releas	iption ed 40bbls of oil							
Incident Locati	ion Information							•
Section 31		Township 04N		ļ	Range 15W			
B & M MD		County Los Angeles			Lease WF			
Field Placerita		Latitude		I	Longitude			
Municipality (if wi	thin municipal boundaries)	Incident Address						
Municipality (if wi Location Descript on 2" gathering line	thin municipal boundaries) tion e form tank	Incident Address						
Municipality (if wi Location Descript on 2" gathering line	thin municipal boundaries) tion e form tank tion	Incident Address						
Municipality (if wi Location Descript on 2" gathering line Source Informat Associated Fa	thin municipal boundaries) tion e form tank tion acilities/Parties	Incident Address						•
Municipality (if wi Location Descript on 2" gathering line Source Informat Associated Fa	thin municipal boundaries) tion e form tank tion acilities/Parties	Incident Address	Action	s ↓ Sea	arch	¢	· Advanc	ed Filtering
Municipality (if wi Location Descript on 2" gathering line Source Informat Associated Fa Facility ID 4	thin municipal boundaries) tion a form tank tion acilities/Parties	Incident Address	Action Facility Name	s V See	arch	County	▼ Advanc Field	ed Filtering
Municipality (if wi Location Descript on 2" gathering line Source Informat Associated Fa Facility ID 4 90299480	thin municipal boundaries)	Sub Type N/A	Action Facility Name Unspecified	s Sea	arch (County Los Angeles	▼ Advance Field Placer	ed Filtering

Surface Expression		•
New Surface Expression No	Incident ID of Previous Expression	
Estimated maximun rate of ejection of material from	blowout or surface expression at time of discovery (BBL	_ per Hour)
Energy of Ejected Material	Estimated Volume of Ejected Material (BBLs)	Estimated Area of Impacted Zone (Square Feet)
Material Ejected		
Cause Information		*
Suspected Source of Incident Pipeline	Primary Cause Corrosion	Contributing Factor Mechanical Failure
Brief Description of Cause gathering line is old		
If berm or sump failure, how did it fail? Washout		
Actions Taken to Prevent Future Occurrent	Ce	•
Operator plans to prevent reoccurance Replacing all pipelines		
Was Incident Reported in the News Media? Yes	Was News media on location? Yes	News Media Type Print
Comments		•
		Actions -
H O H 20 items per page	NU	No results to display 🏼 💍
All comments are discoverable records, open to public revie	łw.	

Step	Action	Required Fields
1.	This will bring you to the summary page regarding the	
	specific Incident and the details of that Incident. This	
	provides a list of Details, Location, Injuries, Source	
	Information, Facilities, Well Failures, Surface Expressions,	
	cause information, inspections, and compliances related to	
	the specific incident.	

I	ncident ID: 100000	10					Spill or Release	Actions -
Γ	Spill or Release							•
					▼ Advanced Filtering	Actions	- Search	
	Material Released ↓	Amount (Estimated)	Unit of Measure	Primary (Initial) Media Affected	Description			
	Oil	40	BBLs	Release to Ground	40 bbls of oil			
	Viewing 1 - 1 from 1 results Did release cross lease boundary?							
'	Volumes Recovere	d						•
					▼ Advanced Filtering	Actions	Search	
1	Material Treated/Recover	red ↓ Amo	unt (Estimated)	Unit of Measur	e			
	< 4 0 ► ►	20 v items pe	er page				No result	s to display 💍
Re Va	emediation Description ac Truck was on site to cle	an						

Associated Agencies/Parties									
					Actions -	Search		Advanced Filte	ering
Date ↓		Agency/Party	Contact Name	Role at Agency	/Party	Contact Ph	none	Contact Email	
12/31/0000	0 04:07:02 PM	fish and wildlife	Oliu	Consultant					
H 4	0 🕨 🕨	20 🔹 items per page						No results to display	Ó
Cton	Action						Doguinod	Fielde	
step	Action						Required	FIEIds	
1	Salact Sr	vill or Rolosso fr	om the grav tab	This pro	vidos	alict			

Step	Action	Required Fields
1.	Select Spill or Release from the gray tab. This provides a list	
	of Spill/Releases, Volumes Recovered, Associated	
	Agencies/Parties related to the specific Incident.	

Ir	ncident Detail			🛛 Help
	Incident ID: 10000010		Impacts and Damage –	Actions -
	Environmental and Natural Resources I	mpacts		•
	Environmental Impacts Soil	Natural Resources Impacts Trees and Other Vegetation	Name of Impacted Public Recration Area Harris Park	
	Describe Impacts (i.e. horizontal and vertical exte Redwood trees	nt of contaminants, type of wildlife or plant spe	cies affected etc.)	

Step	Action	Required Fields
1.	Select Impacts and Damage from the gray tab. This provides	
	a list of Environmental and Natural Resource Impacts, and	
	Facility/Property Damage related to the specific Incident.	

Incident Detail

Incident Detail						0	Help
Incident ID: 10000	0010				Do	cuments - Actions	8 🕶
				▼ Advanced Filteri	ng Actions - Sea	rch	¢
Relevant Date †	Uploaded By	Category	Туре	Description	Filename	Status	
H - 0 - H	20 V items per	page				No results to display	¢

Step	Action	Required Fields
1.	Click on the Summary button and select Documents.	
2.	This provides a list of Documents related to the specific	
	Incident such as maps, photos, videos, etc.	

Incident ID: 10000010			Events - Actions -
		▼ Advanced Filtering	Actions - Search
Date +	Created By	Туре	Description
08/13/2018 10:25:11 AM	System	Date/Time of Detection	8/6/2018 1:15:00 AM
08/13/2018 10:25:11 AM	System	Date/Time of End	8/7/2018 12:41:00 AM
Image:	ms per page		Viewing 1 - 2 from 2 results 💍

Step	Action	Required Fields
1.	Click on the Summary button and select Events.	
2.	This provides a list of events that have occurred related to	
	the specific Incident.	

1.2.1 Key Points

- All incident data is available to the public after it has been reviewed and accepted.
- An Incident can be linked to an Inspection or Compliance action as part of the review process.
- Incidents can be Active or Closed.
- Updates can be made to an Incident record.