

# Quarterly Recordable Incident Report

This report is required to be submitted under regulation 35(1) of the Petroleum (Environment) Regulations 2016 (the Regulations) and may be published in accordance with regulation 35A(1)(c) of the Regulations. Send the completed form to [Onshoregas.DEPWS@nt.gov.au](mailto:Onshoregas.DEPWS@nt.gov.au) as soon as practicable and in any case no later than 15 days after the end of the reporting period, as referred to in the [Onshore Petroleum Incident Reporting Guideline](#), or as otherwise agreed in writing with the Minister for Environment, Climate Change and Water Security.

Section 1 – Interest Holder Details								
For petroleum titles held by multiple interest holders, details must be completed for each interest holder. If insufficient room, please attach information to the form.								
	Interest Holder 1	Interest Holder 2	Interest Holder 3	Interest Holder 4	Interest Holder 5	Interest Holder 6		
<b>Company Name</b>	Santos QNT Pty Ltd	Ordiv Petroleum Pty Ltd	Helium Australia Pty Ltd	Frontier Oil and Gas Pty Ltd				
<b>Nominated interest holder for all matters related to Report?</b>  If 'no' each interest holder must sign Declaration and will receive related documents unless designated operator authorised to sign and receive documents	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Authorisation given to an Operator to submit Report and sign Declaration?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2 – Recordable Incident Report Details								
<b>EMP title (petroleum title/s)</b>	Southern Amadeus 2D Seismic - Environmental Management Plan (EMP) (STO2017) EP 82, EP 105, EP 112, EP 125,		<b>Unique EMP ID</b>	STO2017	<b>Date Submitted</b>	15/07/2025	<b>Nil report?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Activity type</b>			<b>Reporting Period<sup>1</sup></b>	Quarter 2		Year: 2025		

Note 1: Refer to Table 1 of the [Onshore Petroleum Incident Reporting Guideline](#) for reporting periods and due dates.

### Section 3 – Recordable Incident Details

Complete this section for **each recordable incident** within the reporting period, by copying the rows below and completing for each individual recordable incident.

<b>Incident number</b>				
<b>Incident date</b>		<b>Incident time</b>		<b>Date and time interest holder became aware</b>
<b>Reg 35(3)(c)(ii): All material facts and circumstances</b> refer to Section 5.4.2 of the <a href="#">Onshore Petroleum Incident Reporting Guideline</a>				Supporting information attached <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the incident result in an environmental impact or risk not specified in approved EMP?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, describe the nature and extent of the environmental impact or risk</b>		Supporting information attached <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did the incident result in a contravention of a performance standard(s) specified in the approved EMP?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, describe the contravention of the environmental performance standard(s)</b>		Supporting information attached <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the incident inconsistent with an environmental outcome(s) specified in the approved EMP?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, describe how the incident is inconsistent with the environmental outcome(s)</b>		Supporting information attached <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the above questions is 'No', consider whether the incident is a recordable incident.				
<b>Reg 35(3)(c)(iii): Action taken to avoid or mitigate any environmental impacts or risks of the incident</b> refer to Section 5.4.3 of the <a href="#">Onshore Petroleum Incident Reporting Guideline</a>				Supporting information attached <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reg 35(3)(c)(ii): Corrective action taken, or proposed, to prevent a similar incident occurring in future</b> refer to Section 5.4.4 of the <a href="#">Onshore Petroleum Incident Reporting Guideline</a>				Supporting information attached <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 4 - Declaration**

A person with legal authority to sign on behalf of the interest holder, or all interest holders (if more than one), must sign the declaration.

I hereby declare that I:

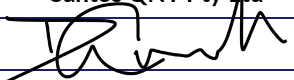
- am authorised to make this declaration.
- confirm that, to the best of my knowledge all information provided addresses the relevant matters and is true, correct, complete, and does not contain misleading information
- am aware that it is an offence under section 107 of the *Petroleum Act 1984* to give an authorised person information that I know, or ought to reasonably know, to be false or misleading in a material manner particular
- understand that all information supplied as part of this form, including attachments, may be disclosed publically in accordance with regulation 35A of the Petroleum (Environment) Regulations 2016, and consistent with the requirements of the Information Privacy Principles (IPPs) in the *Information Act 2002*.

**If report being signed by interest holder/s (include attachment if more room is required to complete the below table)**

	Interest Holder 1	Interest Holder 2	Interest Holder 3	Interest Holder 4
Company Name				
Signature				
Name (print)				
Position				
Date				
Email				

**If report being signed by Operator on behalf of interest holder/s**

**Operator details (if applicable)**

Company Name	Santos QNT Pty Ltd	ABN/ACN	33 083 077 196
Signature		Address	Santos Centre, 60 Flinders Street, Adelaide, South Australia 5000
Name (print)	Mr David Gornall	Email	david.gornall@santos.com
Position	Manager Environment EA & PNG		