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| **PLEASE TYPE OR PRINT** | | | | | | | | | | |
| **1. Facility Information** | | | | | | | | | | |
| Well Name  **Facility and/or Well Name** | | | | | LDNR Well Identification Number  **000000** | | | | | |
| Agency Interest (AI) Number  **000000** | | | | | Permit Number (If Applicable)  **0000-00000-00** | | | | | |
| Owner  **ABC Production Company, LLC** | | | | Operator (If Operator Is Responsible Party)  **Same** | | | | | | |
| Name of Oil & Gas Field  **ABC Field** | | | | | | | | | | |
| Federal Tax ID | | | | | | | | | | |
|  | | | | | | | | | | |
| **2. Physical Location** | | | | | | | | | | |
| Nearest Town (In the Same Parish As the Facility)  **Town** | | | | | | Parish  **Parish** | | | | |
| Latitude of Wellhead: | | Deg | | | | Min | | Sec | | Hun |
| Longitude of Wellhead: | | Deg | | | | Min | | Sec | | Hun |
| Physical Address or Driving Directions  **From Town, travel E on LA Highway 74 approximately 2.9 miles to Oil Field Road. Travel north on Oil Field Road approximately 1 mile to an unnamed road. Travel west on unnamed road approximately 0.5 miles to the facility, which is located on the north side of said road.** | | | | | | | | | | |
| Map Attached?  Yes | | | | | | |  | | | |
|  | | | | | | | | | | | |
| **3. Contact Information** | | | | | | | | | | | |
| Name  **First Last** | | | | | Title  **Environmental Engineer** | | | | | |
| Company  **ABC Operating Company, LLC** | | | | | Address (Including Suite, Mail Drop, or Division)  **00000 Any Road, Suite 0000** | | | | | |
| City  **City** | | | State  **Louisiana** | | | | | | Zip  **00000** | |
| Business Phone  **000.000.0000** | Cell Phone (Optional)  **000.000.0000** | | | | | E-mail (Optional)  **first.last@abcoperating.com** | | | | |
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| **4. Fee Information** | | | | | | | | | | | | | | | | | | | | | |
| Check Date  **00/00/0000** | | | | | Check Number  **0000** | | | | | | | | | | Amount  **$000.00** | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **5. Date(s) and Expected Duration of Testing** | | | | | | | | | | | | | | | | | | | | | | |
| Date Operations Scheduled To Commence  **00/00/2006** | | | | | | | | | Expected Duration of Testing  **120 hours** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **6. Description of the Process** | | | | | | | | | | | | | | | | | | | | | | |
| **Activities will include the flaring of gas and the storage and loading of oil and water generated from the well test. Fluids from the well will be directed to a high-pressure separator where off-gas will be directed to a flare for combustion.** | | | | | | | | | | | | | | | | | | | | | | |
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| **7. Equipment Involved** | | | | | | | | | | | | | | | | | | | | | | |
| **ID No.** | **Description** | | | | | | | | | | | | | | | **Maximum Operating Rate or Tank Capacity** | | | | | |
| **-** | **Well Test Flare** | | | | | | | | | | | | | | | **15 MM scf** | | | | | |
| **-** | **Total Fluids Tank-Vent** | | | | | | | | | | | | | | | **500 bbl** | | | | | |
| **-** | **Total Fluids Tank-Vent** | | | | | | | | | | | | | | | **500 bbl** | | | | | |
| **-** | **Loading Losses-Oil Transfer to Tank Truck** | | | | | | | | | | | | | | | **3000 bbl** | | | | | |
| **-** | **Pneumatic Controllers** | | | | | | | | | | | | | | | **77 scf/hr** | | | | | |
| **-** | **Fugitive Emissions** | | | | | | | | | | | | | | | **NA** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **8. Estimated Production Rates and Emissions** | | | | | | | | | | | | | | | | | | | | | | |
| Total volume of natural gas to be flared (in MM scf): | | | | | | | | | | | | **15.0** | | | | | | | | | | |
| Total volume of natural gas to be released (in MM scf): | | | | | | | | | | | | **< 1.0** | | | | | | | | | | |
| Total amount of crude oil/condensate to be produced (in barrels): | | | | | | | | | | | | **3000** | | | | | | | | | | |
| Total amount of produced water anticipated (in barrels): | | | | | | | | | | | | **6000** | | | | | | | | | | |
| Produced Water Disposal Method: | | Truck | | | | Reinjection | | | | | Barge | | | | | | Other | | | |  | | --- | | **Describe** | | | |
| Type of Well: | | Horizontally-Drilled | | | | | | Vertically-Drilled | | | | | |  | | | | | | | | |
| Calculations Attached?  Yes | | | | | | | | | | | | | | | | | | | | | |
| Criteria Pollutant Emissions: | | | | | | | Tons | | Toxic Air Pollutant (TAP) Emissions: | | | | | | | | | | | | Tons |
| Particulate Matter (PM10): | | | | | | | **0.08** | | Benzene: | | | | | | | | | | | | **0.03** |
| Sulfur dioxide (SO2): | | | | | | | **0.01** | | Toluene: | | | | | | | | | | | | **0.03** |
| Nitrogen Oxides (NOX): | | | | | | | **1.13** | | Ethylbenzene: | | | | | | | | | | | | **<0.01** |
| Carbon Monoxide (CO): | | | | | | | **2.26** | | Xylene: | | | | | | | | | | | | **0.01** |
| Volatile Organic Compounds (VOC): | | | | | | | **30.69** | | n-Hexane: | | | | | | | | | | | | **0.49** |
| (including toxic air pollutants) | | | | | | |  | | Other (specify): | | | | | | | | | | | | **-** |
|  | | | | | | |  | | Add additional rows as necessary. | | | | | | | | | | | |  |
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| **9. LAC 33:I.1701 Requirements** | | | | | | | | | | | | | | | | | | | | | | |
| Does the owner or operator have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in Louisiana in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| If yes, list States: | | |  | | | | | | | | | | | | | | | | | | |
| Do you owe any outstanding fees or final penalties to the Department? | | | | | | | | | | | | | Yes  No | | | | | | If yes, explain below. | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Is your company a corporation or limited liability company? | | | | | | | | | | | | | Yes  No | | | | | | | | |
| If yes, attach a copy of the owner or operator’s Certificate of Registration and/or Certificate of Good Standing from the Secretary of State. The appropriate certificate(s) should be attached to this notification form. | | | | | | | | | | | | | | | | | | | | | |
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| **10. Certification by Responsible Official** | | | | | | | | | | | | | | | | | | | | | |
| Submittal of this notification for a regulatory permit constitutes notice that the entity identified in Section 1 of this form requests authorization to conduct a well test. Submittal of the notification also constitutes notice that the entity identified in Section 1 of this form has read, understands, and meets the eligibility conditions of this regulatory permit; agrees to comply with all applicable terms and conditions of the regulatory permit; and understands that continued authorization under the regulatory permit is contingent upon maintaining eligibility for coverage. In order to be granted coverage, all information required on this registration form must be completed. **Two copies of the completed notification** (one original and one copy) should be mailed to the following address:  Louisiana Department of Environmental Quality  Office of Environmental Services  P.O. Box 4313  Baton Rouge, Louisiana 70821-4313  Operations may commence upon notification by the department that this application has been determined complete. | | | | | | | | | | | | | | | | | | | | | |
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| I certify, under provisions in Louisiana and United States law which provide criminal penalties for false statements, that based on information and belief formed after reasonable inquiry, the statements and information contained in this Regulatory Permit Notification Form, including all attachments thereto, are true, accurate, and complete. I understand that authorization from LDEQ does not relieve my obligation to comply with other applicable federal, state, and/or local requirements. | | | | | | | | | | | | | | | | | | | | | |
| Name  **First Last** | | | | | | | | | | Title  **Responsible Official** | | | | | | | | | | | |
| Company  **ABC Operating Company, LLC** | | | | | | | | | | Address (Including Suite, Mail Drop, or Division)  **00000 Any Road, Suite 0000** | | | | | | | | | | | |
| City  **City** | | | | State  **Louisiana** | | | | | | Zip  **00000** | | | | | | | | Business Phone  **000.000.0000** | | | |
| Signature | | | | | | | | | | Date | | | | | | | | | | | |