Oil and Natural Gas Well Completion Notification

E-mail to: <u>DEPAirQualityReports@wv.gov</u>

New Source Performance Standards for Crude Oil and Natural Gas Facilities

For 40CFR60 subpart OOOO or OOOOa

SECTION I: GENERAL INFORMATION

Owner or Operator Name

Street Address						
City		State	ZIP Code			
Facility Local Contact Name		E-Mail		Telephone Number		
Signature			Date			
SECTION II	SOURCE DE	SCRIPTION				
1. Please check all that apply for the proposed well flowback:						
[] Route flowback gas to a completion combustion device [] Use on-site as a fuel sour [] Reinject into the well or another well [] Route flowback gas to a property [] Expected GOR (ft3/bbl):						a pipeline
2. Please co	mplete the tab	le below for eac	ch affected well p	oer §60.5420(a)(2) or §60.542	20a(a)(2).
Individual Well API Number	DAQ Well Site/Pad ID. Number	Well Site/Pad Name	Latitude & Longitude Coordinates	Anticipated date of well completion "Frac"	Planned date of the beginning of "Flowback"	Planned startup date of production

[Add rows to the table for additional wells, as necessary]