



**REGISTRATION FOR
OIL/GAS PRODUCTION FACILITY**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 14334 (10-13)

SECTION A – GENERAL INFORMATION

Type of Report <input type="checkbox"/> Initial <input type="checkbox"/> Amended		Well Status <input type="checkbox"/> Initial Completion <input type="checkbox"/> Recompletion	
Wells Primary Production Intent is for: <input type="checkbox"/> Oil Production <input type="checkbox"/> Gas Production			
Name of Owner/Operator			
Applicant's Name			
Title		Telephone Number	E-mail Address
Mailing Address (Street & No.)			
City		State	ZIP Code
Contact Person for Air Pollution Matters			
Title		Telephone Number	E-mail Address

SECTION B – FACILITY DATA

Well Name		
Producing Pool*		Field Name
NDIC Permit Number		Date of Completion/Recompletion
County	Latitude (Nearest Second)	Longitude (Nearest Second)
Legal Description of Facility Site _____ ¼ _____ ¼ _____ Section _____ Twp. _____ Range		
List the NDIC Permit Numbers for other wells on the site:		Have all wells onsite been evaluated for emissions? <input type="radio"/> Yes <input type="radio"/> No
Do the total emissions of all wells onsite exceed Title V thresholds? <input type="radio"/> Yes <input type="radio"/> No - If "Yes", further permitting is required by the Department		

* If the Producing Pool is from the Bakken, Three Forks, Sanish, or Pronghorn formations, attach additional emission documentation. For more information about these requirements, see the Department website at <http://www.ndhealth.gov/AQ/NewGuidanceOilandGasPro.htm> .

SECTION B – FACILITY DATA – Cont.

Location of Treater			
<input type="checkbox"/> Onsite			
<input type="checkbox"/> At Central Tank Battery, Specify Location*:			
¼	¼	Section	Twp. Range
Location of Storage Tanks			
<input type="checkbox"/> Onsite			
<input type="checkbox"/> At Central Tank Battery, Specify Location*:			
¼	¼	Section	Twp. Range
Location of Flare			
<input type="checkbox"/> Onsite			
<input type="checkbox"/> At Central Tank Battery, Specify Location*:			
¼	¼	Section	Twp. Range
Other air pollution generating equipment (e.g., Internal Combustion Engines @ x HP; Compressors; Generators, etc., whose collective HP rating exceeds 500 HP). Specify:			

* Emissions for the entire facility must be included in the section titled "EMISSIONS". Include well name and file number in the section titled "COMMENTS" on any additional well(s) using the central tank battery.

SECTION C – GAS INFORMATION

Gas/Oil Ratio (cf/bbl)	Date of GOR
H ₂ S Content in Gas – ATTACH GAS ANALYSIS – ppm or mole % (1% = 10,000 ppm)	
Disposition of Gas (check all that apply)	
<input type="checkbox"/> Flared - Estimated amount _____ Mcf/day	
<input type="checkbox"/> Sold to _____	
<input type="checkbox"/> Used on Lease - Estimated amount _____ Mcf/day	
<input type="checkbox"/> Currently Flared - Scheduled to be Tied-in: To _____ By _____	

SECTION D – EQUIPMENT

Flare		
Emergency Flare System		
<input type="checkbox"/> Equipped with Automatic Ignitor		<input type="checkbox"/> Equipped with Continuous Pilot
Flare Stack Height Above Ground (ft) _____		Specify pilot fuel: _____
Storage Tanks		
Number of Saltwater Tanks	Number of Oil Tanks	Estimate Total Amount of Gas Generated from all Storage Tanks
Capacity of Each	Capacity of Each	Mcf/day ppm H ₂ S
All tank gas emissions are:		
<input type="checkbox"/> Burned by Treater (Include amount of SO ₂ produced in "EMISSIONS" section)		
<input type="checkbox"/> Burned by Flare (Include amount of SO ₂ produced in "EMISSIONS" section)		
<input type="checkbox"/> Burned by Flare with ≥95% DRE (Include amount of SO ₂ produced in "EMISSIONS" section)		
<input type="checkbox"/> Burned by Enclosed Flare with ≥95% DRE (Include amount of SO ₂ produced in "EMISSIONS" section)		
<input type="checkbox"/> Burned by Combustor with ≥95% DRE (Include amount of SO ₂ produced in "EMISSIONS" section)		
<input type="checkbox"/> Controlled by Vapor Recovery Unit		
<input type="checkbox"/> Vented to Atmosphere		
<input type="checkbox"/> Other - Specify:		
Treater		
Treater Fuel	ppm H ₂ S (if Sour)	Treater Stack Height Above Ground (ft)

SECTION E – EMISSIONS

Annual Total S Emissions (Note: Registration must be submitted for all facilities completed/recompleted after 7/1/87 or facilities completed/recompleted before 7/1/87 where Total S is 10 tons/year or greater).

$$S = (\text{Flared} + \text{Lease Use} + \text{Vented}) \times (\text{mole}\%H_2S) \times (365 \text{ Days}) \times (0.00042)$$

Mcf/Day	×	%H ₂ S	×	Days/Year	×	0.00042	=	Tons/Year (total S)*
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Annual Total SO₂ Emissions (Note: This calculation is necessary to determine if prevention of significant deterioration (PSD) or Title V permitting is required).

$$SO_2 = (\text{Flared} + \text{Lease Use} + \text{Vented}) \times (\text{mole}\%H_2S) \times (\text{Days of operation/year}) \times (0.00084)$$

Mcf/Day	×	%H ₂ S	×	Days/Year	×	0.00084	=	Tons/Year (total S)*
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*If SO₂ ≥ 100 tons/year, additional permitting is required.

Annual total VOC emissions – select controlled or uncontrolled. Select uncontrolled if no equipment for controlling emissions is installed.

VOC Emissions: _____ Tons/Year Controlled Uncontrolled

Note: Check the following box and initial if the company can demonstrate that the VOC emissions on site are less than 6 tons per year per tank (should be supported by established calculations).

Confirmed. Company is keeping readily available records (retained for at least 5 years) that show each individual tank on site has less than 6 tpy VOC emissions. Initials _____

Annual total greenhouse gas emissions (CO₂e) – select controlled or uncontrolled. Select uncontrolled if no equipment for controlling emissions is installed.

CO₂e Emissions - Controlled: _____ Tons/Year Uncontrolled: _____ Tons/Year

SECTION F – COMMENTS

Certification of Truth, Accuracy and Completeness

As an authorized company representative, I certify that to the best of my knowledge the information contained in this Registration for Oil/Gas Production Facility form and additional sheets is true, accurate and complete.

Signature of Applicant	Date
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-An analysis of any gas produced from the well must be submitted with this form for each well that is registered.

-Effective January 1, 2013 a filing fee of one hundred fifty dollars (\$150.00) per well must be submitted with each completed Registration for Oil/Gas Production Facility form.

SEND COMPLETED APPLICATION AND ALL ATTACHMENTS TO:

North Dakota Department of Health
Division of Air Quality
918 E Divide Ave., 2nd Floor
Bismarck, ND 58501-1947
(701) 328-5188