



**OIL/GAS PRODUCTION FACILITY REGISTRATION**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF AIR QUALITY  
 SFN 14334 (11-09) (AP-114)

**GENERAL**

Type of Report <input type="checkbox"/> Initial <input type="checkbox"/> Amended		Well Status <input type="checkbox"/> Initial Completion <input type="checkbox"/> Recompletion	
Name of Owner/Operator			
Official to Contact on Air Pollution Matters		Title	Telephone Number
Name of Applicant		Title	Telephone Number
Mailing Address		City	State      Zip Code

**FACILITY DATA**

Well(s) Name	Producing Pool	Field Name
Legal Description of Well Site Surface Location 1/4    1/4, Section    , Twp.    N., Rge.    W	Permit Number	Date of Completion/Recompletion
Location of Treater <input type="checkbox"/> On-site * <input type="checkbox"/> At Central Tank Battery, Specify Location      1/4      1/4, Section      , Twp.      N, Rge.      W		
Location of Storage Tanks <input type="checkbox"/> On-site * <input type="checkbox"/> At Central Tank Battery, Specify Location      1/4      1/4, Section      , Twp.      N, Rge.      W		
Location of Flare <input type="checkbox"/> On-site * <input type="checkbox"/> At Central Tank Battery, Specify Location      1/4      1/4, Section      , Twp.      N, Rge.      W		
Other Air Pollution Equipment (e.g., Internal Combustion Engines @ x HP - compressors, generators, etc., whose collective HP rating exceeds 500 HP), Specify:		

\* The 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.

**GAS INFORMATION**

Gas/Oil Ratio (cf/bbl)	Date of GOR	H <sub>2</sub> 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, Estimate Amount _____ Mcf/day <input type="checkbox"/> Sold to _____		<input type="checkbox"/> Used on Lease, Estimate Amount _____ Mcf/day <input type="checkbox"/> Currently Flared Scheduled to be Tied-in To _____ By _____

**EQUIPMENT**

Flare System <input type="checkbox"/> Equipped with Automatic Ignitor <input type="checkbox"/> Equipped with Continuous Pilot, Specify Pilot Fuel	Flare Stack Height Above Ground  Feet
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**STORAGE TANKS**

Number of Saltwater	Number of Oil	Estimate Total Amount of Gas Generated From Storage Tanks Mcf/day with      ppm H <sub>2</sub> S
Tank Gas Emissions Are: <input type="checkbox"/> Controlled by Vapor Recovery Unit <input type="checkbox"/> Vented to Atmosphere <input type="checkbox"/> Burned by Flare (Include Amount of SO <sub>2</sub> Produced in "EMISSIONS" Section) <input type="checkbox"/> Other, Specify <input type="checkbox"/> Burned by Treater (Include Amount of SO <sub>2</sub> Produced in "EMISSIONS" Section)		

**TREATER**

Treater Fuel	If Sour  ppm H <sub>2</sub> S	Treater Stack Height Above Ground  Feet
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**EMISSIONS**

Annual Total S Emissions (Note: For facilities comp/recomp prior to 7/1/87, if Total S is 10 T/yr or greater, registration must be submitted. All facilities comp/recomp on or after 7/1/87 must submit registration.)

S = (Flared + Lease Use + Vented) (mole % H<sub>2</sub>S) (0.00042)

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

SO<sub>2</sub> (tons/year) = (Flared + Lease Use) (mole % H<sub>2</sub>S) (days operation/year) (0.00084)

Mcf/Day	*	% H <sub>2</sub> S	*	Days/Year	*	0.00084	=	Tons/year (SO <sub>2</sub> )
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If SO<sub>2</sub> ≥ 100 tons/year, additional permitting is required.

Annual Total VOC Emissions (Note: Include flashing, breathing, working and standing losses.)

VOC Emissions:                      tons/year (uncontrolled)                      tons/year (controlled)

**COMMENTS**

Signature of Applicant X	Date
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