REPORTING YEAR:

(Jan. – Dec.)

# ANNUAL PRODUCTION AND MECHANICAL INTEGRITY ASSESSMENT CONVENTIONAL WELLS REPORT- HOME USE REPORTING ONLY

Complete one form for each well. This form is intended for use by an owner or operator of a private use gas well that produces natural gas used and wholly consumed (not sold commercially) to power and/or heat the homes, farms or other structures on the property proximate to the location of that well. Completing and submitting this form to the Office of Oil and Gas Planning and Program Management will meet the requirements of 78.121(a) Annual Production Reporting and 78.88(e) Mechanical Integrity of Operating Wells. Please mail or email this form to the address listed below prior to February 15 annually. Please review the instructions before completing this form.

Well Operator/ Owner Name				Operator/Owner Address (Street, City, State, Zip)						Phone Number		
OGO Number	OGO Number Well Pe		rmit Number	Well Farm Name		Well Type			Well Status			
If the address of t	owner addres	se nlo	260 070	vido woll		rocci						
If the address of the property the well is located on is different than operator/owner address please provide well address:												
(Street, City, State, Zip):												
MECHANICAL INTEGRITY:												
Quarterly Inspection Date (MM/DD/YYYY) P Enter one quarterly inspection		Primary Production Gas Pressure (psig)		Escaping Gas from Surface/Wellhead Equipment/Outside Conductor (Y/N)		Surface/Wellhead		Water 1 /W Equipm	Escaping Produced Water from Surface /Wellhead Equipment/ Outside Conductor (Y/N)		Corrosion Problems (Y/N)	
PRODUCTION REPORTING:												
Gas				Oil		Condensate		N	Non-Production Com		n Comment	
Volume (in Mcf) Da		ys	Volume (in BBLs)	Days		Volume (in BBLs) Days		ys				
WASTE DISPOSAL:												
Waste Type (produced fluid, etc.)		Wast	e Facility Name	Waste Facility Permit #		Disposal (landfill, injection well, etc.)		rell, Qu	antity (Bar		Units rels or tons)	
Additional Comments:												
Bureau of Oil and Gas Planning and Program Management							Phone: 717-772-2199 Fax: 717-772-2291 e-mail: <u>Ra-ep-BOGMOGRE@pa.gov</u>					
being sold c	ommerc	cially ar	nd is solely for co	ct of this submission is nsumptive use on the p o the best of my knowle	rope	erty proximate	e to tł					
Signature							Date					





# INSTRUCTIONS FOR COMPLETEING ANNUAL PRODUCTION AND MECHANICAL INTEGRITY ASSESSMENT CONVENTIONAL WELL REPORT - HOME USE WELL REPORTING ONLY

This form and instructions are intended for home use well owners only. Annual production reports and mechanical integrity assessments for each calendar year (Jan. 1 – Dec. 31) are due no later than February  $15^{th}$  of the following year. Please make copies of this blank form for future use.

Please send your completed report to the mailing address or email address provided on the form.

If you need more information or have any questions about this form, contact the Office of Oil and Gas Planning and Program Management:

Telephone: 717-772-2199 e-mail: <u>RA-ep-BOGMOGRE@pa.gov</u>

# **OPERATOR IDENTIFICATION**

**Well Operator/Owner** is the name as it appears on the well permit, registration, or bond. If you are a new owner/operator with a name that is different than what is on the current permit, contact the Bureau of Oil and Gas Management for information on how to transfer the well permit to your name. If the property address of the well differs from the permitted operator/owner address, please also provide the address of the well location in the corresponding block.

**OGO #** is the number assigned to the oil and gas operator (the permittee) by DEP. If you do not know your OGO number, please contact the Bureau of Oil and Gas Management.

**Well Permit** – include the permit number (API number) that was assigned to the well through the permitting or registration process. This number is in the format of XXX-XXXXX.

**Farm Name** is the name of the well as listed on the permit or registration.

Well Type (Gas, Oil, or Combo): Indicate whether the well produces gas, oil, or both (combo).

**Well Status:** input the well status of the well during the report year.

Active – the well was operating and producing gas

**Abandoned** – there was no production from the well during the year, or the well was no longer equipped for production.

Plugged – the well was plugged.

**Signature:** Sign and date the form and check the block to certify the information provided is true and accurate to the best of your knowledge and information.

# MECHANICAL INTEGRITY ASSESSMENT § 78.88(e)

The operator shall submit an annual report to the Department identifying the compliance status of each well with the mechanical integrity requirements of this section

The Mechanical Integrity Assessment Report is used to record quarterly well integrity data for operating oil and gas wells. Wells should be inspected quarterly for primary pressure, leakage of gas or other fluids and corrosion.

For technical questions regarding inspection components, contact the appropriate DEP District Oil and Gas Operations office for where your well is located. Contact information is provided at the end of these instructions.

# QUARTERLY INSPECTION DATES

Input the date the quarterly inspection was conducted. Conventional well owners are required to conduct four quarterly inspections each year and keep on file. For conventional wells, only one of the quarterly inspection results are required to be submitted annually.

# PRIMARY PRODUCTION GAS PRESSURE, POUNDS PER SQUARE INCH GAUGE (PSIG)

Input the shut-in or producing back (flowing) pressure in psig, by referencing the wellhead pressure gauge. If the well is not fitted with a pressure gauge, provide a comment documenting that no gauge is present.

#### ESCAPING GAS FROM SURFACE/WELLHEAD EQUIPMENT/OUTSIDE CONDUCTOR (Y/N)

Input "Y" if any escaping gas is noted at the surface in association with wellhead equipment or from the ground surrounding the wellhead, otherwise enter "N."

### ESCAPING OIL FROM SURFACE/WELLHEAD EQUIPMENT/OUTSIDE CONDUCTOR

Input "Y" if any leaking oil is noted at the surface in association with wellhead equipment or from the ground surrounding the wellhead, otherwise enter "N."

# ESCAPING PRODUCED WATER FROM SURFACE/WELLHEAD EQUIPMENT/OUTSIDE CONDUCTOR

Input "Y" if any leaking brine/brackish water is noted at the surface in association with wellhead equipment or from the ground surrounding the wellhead, otherwise enter "N."

# **CORROSION PROBLEMS**

Visually inspect external aboveground well components for the presence of severe corrosion.

If any severe corrosion problems are identified that, unless repaired, will result in the imminent failure of well components intended to contain pressure or produced fluids enter "Y," otherwise enter "N." There is no expectation for operators/owners to address minor surface corrosion as part of this inspection, as the

presence of some surface oxidation is actually beneficial to the integrity of operating wells.

**PRODUCTION § 78.121(a)** Each operator of a conventional well shall submit an annual production and status report for each permitted or registered well on an individual basis, on or before February 15 of each year.

If the well is equipped with a gauge to monitor the amount of gas produced, enter that number using the unit of Mcf (thousand cubic feet). If the well is not equipped with a gauge to measure gas produced, and the well supplies one residence, you may estimate 100 mcf to signify that the well has produced gas during the report year.

If there was no production or waste to report, a **Non-Production Comment** should be used. A list of accepted non-production comments is listed below.

#### Abandoned well

Plugged well

This is not our well

### Well temporarily not producing

The Number of Days in production means how many days the well was produced during the year. An approximate number is acceptable but can be no more than 365 days.

**WASTE DISPOSAL § 78.121(b)** The annual production report must include information on any amount and type of waste produced and the method of waste disposal or reuse.

Waste must be reported if any waste was disposed anytime during the report year. It is recommended to keep record of the waste hauler name, amount of waste collected (in barrels) method of disposal and where the waste was hauled to. Waste quantity should be measured in barrels (1-barrel BBL = 42 gallons).

**Waste Type:** This is the type of waste that was disposed during a report year. Generally, the waste type for a home use well is produced fluid or brine. If any additional waste was generated and disposed it should be included also. Comments can be provided to explain any waste generated and how it was disposed.

<u>Waste Facility Name:</u> If waste was removed or disposed include name of waste facility or waste hauler who received or disposed of waste. The waste facility name can be obtained by your waste hauler.

Disposal: This is how the waste was disposed. Options can include landfill, injection well or waste disposal well, etc.

### ADDITIONAL COMMENTS

This space is provided if you would like to provide any additional information regarding mechanical integrity quarterly inspections, production, or waste generation and/or disposal.

# **DEP REGIONAL OIL & GAS DISTRICT OFFICE CONTACTS:**



Northwest District Oil and Gas Office Meadville, PA Telephone: 814-332-6860

Southwest District Oil & Gas Office Pittsburgh, PA Telephone: 412-442-4024

Eastern District Oil & Gas Office Williamsport, PA Telephone: 570-327-3636

# SUBMIT THE COMPLETED FORM TO:

### PA DEP

Bureau of Oil & Gas Planning and Program Management PO Box 8765 Harrisburg, PA 17105-8765 or Email: <u>ra-ep-BOGMOGRE@pa.gov</u>