

File # _____
(Office use only)

**OIL AND GAS WASTE REGULATION (B.C. Reg. 254/2005)
Registration Report for Oil and Gas Production Facilities and Equipment**

This registration report is to be filed with a Director at ogcpipelines.facilities@gov.bc.ca.

1. Type of Report

(a)	<input type="checkbox"/> Initial registration report. Is there an <i>Environmental Management Act</i> Permit for this site? <input type="checkbox"/> No <input type="checkbox"/> Yes, Permit No. PA- _____ Date facility commenced operation (yy/mm/dd): _____		
(b)	<input type="checkbox"/> Revised registration report.		BC Environment File # RA- _____ Date of last report (yy/mm/dd): _____ Date facility modified (yy/mm/dd): _____ <i>For a revised report, complete ALL sections where there is a 'substantive change', as defined in the Oil and Gas Waste Regulation.</i> <i>If there are any changes to Sections 5-9, then all portions of Sections 5-9 MUST BE UPDATED to show ALL equipment being used at the site (including equipment that has been previously registered).</i> <i>Section 10 (and 11 as appropriate) must be completed and signed.</i>

2. Identification and Location Information

(a)	Facility or Well Name		
(b)	Well Authorization No.*	Facility Code* (if applicable)	
	*Assigned by the Oil and Gas Commission		
(c)	Legal Description using Township / Range or NTS Map Co-ordinates		
(d)	Latitude:	Longitude:	
	in decimal degrees using the North American Datum -1983		

3. Operator Information

Head Office			Local (Field) Office (or local contact)		
(a)	Full company name		(h)	Full company name	
(b)	Address		(i)	Address	
(c)	City, Province, Postal Code		(j)	City, Province, Postal Code	
(d)	Name of Contact		(k)	Name of Contact	
(e)	Title		(l)	Title	
(f)	Phone ()	Fax ()	(m)	Phone ()	Fax ()
(g)	email		(n)	email	

4. Facility Information

(a)	Total gas throughput per year, if applicable	10 ³ m ³ /year
(b)	Annual average H ₂ S content of the inlet natural gas, if applicable	% by volume

This Registration Report will not be accepted unless Sections 5, 6, 7 and 8 are completed in full.

5. Compressors, Oil Pumps or Electricity Generators

Tick here if there no compressors, oil pumps or generators at the facility.

Complete one column for EACH driver at the facility.

Tick here if there are more than 4 drivers at the facility. For more space, photocopy table and attach to form.

(a)		Equipment Function			
		Specify compressor, oil pump or electrical generator for each column heading			
(b)	Type of driver	<input type="checkbox"/> gas turbine <input type="checkbox"/> conventional reciprocal <input type="checkbox"/> other, specify _____	<input type="checkbox"/> gas turbine <input type="checkbox"/> conventional reciprocal <input type="checkbox"/> other, specify _____	<input type="checkbox"/> gas turbine <input type="checkbox"/> conventional reciprocal <input type="checkbox"/> other, specify _____	<input type="checkbox"/> gas turbine <input type="checkbox"/> conventional reciprocal <input type="checkbox"/> other, specify _____
(c)	Equipment description (make, model)				
(d)	Driver power (kW)				
(e)	Date driver installed				
(f)	Fuel type (if applicable) For combination fuels, tick all that apply	<input type="checkbox"/> Natural gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Condensate	<input type="checkbox"/> Natural gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Condensate	<input type="checkbox"/> Natural gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Condensate	<input type="checkbox"/> Natural gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Condensate
(g)	Fuel consumption rate (L/hr)				
(h)	NOx emission rate* (as grams NO ₂ /kW-hr)				
(i)	Maximum total annual hours of operation				
(j)	Estimated total annual NOx emissions** (tonnes of NO ₂ equivalent)				
(k)	Source of NOx emission estimate	<input type="checkbox"/> Measured <input type="checkbox"/> Manufacturer's data <input type="checkbox"/> Calculated (attach calculations)	<input type="checkbox"/> Measured <input type="checkbox"/> Manufacturer's data <input type="checkbox"/> Calculated (attach calculations)	<input type="checkbox"/> Measured <input type="checkbox"/> Manufacturer's data <input type="checkbox"/> Calculated (attach calculations)	<input type="checkbox"/> Measured <input type="checkbox"/> Manufacturer's data <input type="checkbox"/> Calculated (attach calculations)
(l)	Estimated total annual facility NOx emissions (as tonnes of NO ₂ equivalent)				_____ Sum row (j) for all drivers _____

* Attach manufacturers data or emission measurements as appropriate

** Estimated total annual NOx emissions = box (d) x box (h) x box (i) x 10⁻⁶ tonnes/gram

6. Dehydrators, Line Heaters or Treaters

Complete one column for each unit at the facility

Dehydrators

(a)	Number of dehydrators at this facility: _____ (if zero, skip boxes (b), (c) and (d))			
(b)	Fuel gas > 1% H ₂ S by volume (high sulphur)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(c)	Type of dehydrator	<input type="checkbox"/> glycol <input type="checkbox"/> solid desiccant	<input type="checkbox"/> glycol <input type="checkbox"/> solid desiccant	<input type="checkbox"/> glycol <input type="checkbox"/> solid desiccant
(d)	Rating of each (kW)			

Line Heaters

(e)	Number of line heaters at this facility: _____ (if zero, skip boxes (f) and (g))			
(f)	Fuel gas > 1% H ₂ S by volume (high sulphur)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(g)	Rating of each (kW)			

Treaters

(h)	Number of treaters at this facility: _____ (if zero, skip boxes (i) and (j))			
(i)	Fuel gas > 1% H ₂ S by volume (high sulphur)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(j)	Rating of each (kW)			

7. Processing Plant

(a)	Sulphur removal occurs at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(b)	Type of operation <input type="checkbox"/> Fuel gas sulphur removal only <input type="checkbox"/> Sales gas sulphur removal <input type="checkbox"/> Other, specify	Process type, specify
(c)	Rating (kW):	

8. Facility Sulphur Emissions

Attach calculations as necessary

(a)	Fuel Gas Consumption			
	Fuel Type (eg. natural gas, diesel, propane, stabilized condensate)	H ₂ S content of fuel % by volume	Amount of fuel consumed per year 10 ³ m ³	Estimated annual SO ₂ emissions from fuel tonnes
				Facility Total
(b)	Low Pressure Flare and/or Incinerator Estimated annual SO ₂ emissions		tonnes SO ₂	
(c)	High Pressure Flare Estimated annual SO ₂ emissions from maintenance and emergency flaring		tonnes SO ₂	
(d)	Estimated total annual facility SO₂ emissions Sum emissions from rows (a), (b), and (c)		tonnes SO ₂	
(e)	Maximum 15 day SO₂ emissions other than maintenance and emergency		tonnes SO ₂	
(f)	Maximum 15 day sulphur emissions other than maintenance and emergency		tonnes S	

9. Description of Facility

Attach a site plan that shows the locations of all discharge points, including discharge points for air contaminants, effluents and refuse, and all buildings and watercourses within 500 metres of the discharge points.

10. Form completed by:

Signature: _____ Print name: _____

Title (and company if agent) _____ Dated (yy/mm/dd) _____

11. Agent Authorization

I/We hereby authorize _____
 (PRINT company name of agent)

to deal with you directly on all aspects of the registration.

 (Date, yy/mm/dd) (Signature of registrant)

12. Facility Fee Calculation

The fee calculation portion of this registration form is for information purposes only. DO NOT submit fees with registration. Environmental Protection will confirm the calculation on this form and will send further instructions regarding fee payment dates and procedures with acknowledgement of registration.

The total annual fee is the summation of discharge fees for nitrogen oxides and sulphur oxides. Line number cross references are to other sections of the registration form. Contaminant Fees are based on the date of the invoice (Registered facilities are invoiced in March for discharges in the previous calendar year).

	Total Annual Contaminant Discharge (tonnes/year)	Contaminant Fees (from Schedule B, Waste Management Permit Fees Regulation) (cost/tonne)	Annual Contaminant Fee (cost/year)
Nitrogen Oxides Estimated total annual facility NOx emissions (from 5 (l))		March 2006 invoices: \$10.58 March 2007 invoices and beyond: \$11.29	
Sulphur Oxides Estimated total annual facility SO ₂ emissions (from 8 (d))		March 2006 invoices: \$12.25 March 2007 invoices and beyond: \$13.07	
TOTAL ANNUAL FACILITY FEE (cost/year)			