

## OIL AND GAS WASTE REGULATION (B.C. Reg. 254/2005) Data Confirmation for Flaring Approval Registration

Pursuant to Section 6(1)(d)(vi) of the Oil and Gas Waste Regulation, this registration report is to be filed with the Director at the Ministry of Environment, Suite 400 - 10003 110th Avenue, Fort St John, BC V1J 6M7 (fax: 250-787-3490). **This report must be filed within 30 days of the last day of flaring at the site.**

1. **Registered Site Number:** RA-

2. **Type of Report**

|     |  |
|-----|--|
| (a) | <input type="checkbox"/> No change to information on application for flaring approval<br><input type="checkbox"/> Revised registration report: |
| (b) | Original application dated:  |

3. **Identification and Location Information**

|     |                         |  |
|-----|-------------------------|--|
| (a) | Well name and location  |  |
| (c) | Well authorization no.* | * Issued by the Oil and Gas Commission |

4. **Original and Actual Proposed Flaring Details**

|     |  |                           |                       |
|-----|--|---------------------------|-----------------------|
| (a) | Was flaring conducted? <input type="checkbox"/> Yes<br><input type="checkbox"/> No If 'No' provide reason:           |                           |                       |
|     |  | <b>ORIGINAL PROPOSED:</b> | <b>ACTUAL FLARED:</b> |
| (a) | Volume of gas combusted ( $10^3 \text{ m}^3$ )   |                           |                       |
| (b) | $\text{H}_2\text{S}$ concentration of gas  |                           |                       |
| (c) | Total mass of sulphur combusted =<br>volume ( $10^3 \text{ m}^3$ ) x $\text{H}_2\text{S}$ content (%volume) x 0.0274 |                           |                       |
| (d) | Stack height   |                           |                       |
| (e) | Flaring start date   |                           |                       |
| (f) | Last day of flaring  |                           |                       |

5. **Operator Information**

| <b>Billing Office</b> |                             |               | <b>Local (Field) Office (or local contact)</b> |                             |               |
|-----------------------|-----------------------------|---------------|--|-----------------------------|---------------|
| (a)                   | Full company name           |               | (g)  | Full company name           |               |
| (b)                   | Address                     |               | (h)  | Address                     |               |
| (c)                   | City, province, postal code |               | (i)  | City, province, postal code |               |
| (d)                   | Name of contact             |               | (j)  | Name of contact             |               |
| (e)                   | E-mail address              |               | (k)  | E-mail address              |               |
| (f)                   | Phone<br>(    )             | Fax<br>(    ) | (l)  | Phone<br>(    )             | Fax<br>(    ) |

6. **Form completed by:**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Dated (yy/mm/dd) \_\_\_\_\_