Natural Gas Well Completion Two Day Notification
E-mail to: DEPOilandGasSector@wv.gov
New Source Performance Standards for Crude Oil and Natural Gas Production, Transmission and Distribution "**NSPS OOOO**"

SECTION I: GENERAL INFORMATION

Owner or Operator Name | Division of Air Quality ID Number (If Available)

Street Address

City | State | ZIP Code

Facility Local Contact Name | E-Mail | Telephone Number

Signature | Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

[ ] Route flowback gas to a completion combustion device
[ ] Reinject into the well or another well
[ ] Other _____
[ ] Use on-site as a fuel source;
[ ] Route flowback gas to a salable gas pipeline

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion

[Add rows to the table for additional wells, as necessary]