



MONTANA AIR QUALITY REGISTRATION FORM FOR OIL AND GAS WELL FACILITIES

Montana Department of Environmental Quality
 Supervisor Oil and Gas Services Section
 49 N. Main Street, Suite B
 Butte, MT 59701
 Phone: (406) 782-2689 FAX (406) 782-2701

For State of Montana Use Only

Registration Number: _____
 Registration Fee Paid? Yes No
 Amount Paid: \$ _____
 AFS Number: _____

Submit one (1) signed copy (paper or electronic) and the associated registration fee to the Air Quality Oil and Gas Services Section at the above address. An unsigned electronic copy may be submitted but must be followed-up with a signed copy within 30-days. Please contact the Montana Department of Environmental Quality (Department) if you have any questions or need assistance. A Department response will be provided to the facility within 30 days after receipt and review of the complete registration information.



Register New Facility? Update a Registered Facility? Deregister a Facility?

COMPANY AND FACILITY NAME AND ADDRESS

Company Name: _____
 Facility Name: _____
 Mailing Address: _____

Contact Information

Owner's Name: _____ Telephone: _____
 _____ Email: _____
 Contact Person: _____ Telephone: _____
 _____ Email: _____

PHYSICAL LOCATION AND FACILITY INFORMATION

QTR./QTR.: _____ SEC: _____ TWP: _____ RNG: _____
 LAT: _____ LONG: _____ County: _____

General Nature of Business: _____

Standard Industrial Classification Codes(s): _____

Standard Industrial Classification Description(s): _____

Facility/Well Completion Date: _____

Oil Production (bbl/day): _____ Gas Production (Mscf/day): _____ Water Production (bbl/day): _____



FACILITY PROCESS DESCRIPTION

(Provide a brief written description of the site and facility. For example: list the primary operating equipment; describe the process flow; list the name and API number for well(s) supplying facility; list the producing field(s) and formation(s); describe what is done with produced gas; list the pollution control equipment used; indicate if hydrogen sulfide (H₂S) gas is present; specify how oil, gas, and water production rates were determined; and indicate what, if any, oil and/or gas analytical data are included.)

Narrative Description of the Site and Facility:

Site Maps: (Provide as an attachment to this form a topographical and facility site map.)

(Provide a written narrative summarizing purpose of completing this form. For example: indicate a new facility registration; indicate an update to a registered facility and describe the change(s) to the facility; or indicate a request to deregister a facility and include the reason for deregistering.)

Narrative Project Summary:



EMISSIONS UNIT EQUIPMENT INFORMATION

Where applicable, provide the following information for each facility emitting unit (including pollution control equipment) such as heater treatment units, dehydrators, tanks, internal combustion engines, wellhead assemblies, and smokeless combustion devices as well as fugitive equipment leaks. For additional emitting units, control equipment, or additional emissions information, provide as a separate attachment, as needed.

Facility Equipment Emitting Unit(s) Specifications

<p>Emitting Unit 1: _____</p> <p>Manufacturer's Name: _____</p> <p>Unit Type: _____</p> <p>Date of Manufacture: _____</p> <p>Date of Installation: _____</p> <p>Max Rated Design Capacity/Throughput: _____</p>	<p>Model: _____</p> <p>Size: _____</p>
<p>Emitting Unit 2: _____</p> <p>Manufacturer's Name: _____</p> <p>Unit Type: _____</p> <p>Date of Manufacture: _____</p> <p>Date of Installation: _____</p> <p>Max Rated Design Capacity/Throughput: _____</p>	<p>Model: _____</p> <p>Size: _____</p>
<p>Emitting Unit 3: _____</p> <p>Manufacturer's Name: _____</p> <p>Unit Type: _____</p> <p>Date of Manufacture: _____</p> <p>Date of Installation: _____</p> <p>Max Rated Design Capacity/Throughput: _____</p>	<p>Model: _____</p> <p>Size: _____</p>
<p>Emitting Unit 4: _____</p> <p>Manufacturer's Name: _____</p> <p>Unit Type: _____</p> <p>Date of Manufacture: _____</p> <p>Date of Installation: _____</p> <p>Max Rated Design Capacity/Throughput: _____</p>	<p>Model: _____</p> <p>Size: _____</p>
<p>Emitting Unit 5: _____</p> <p>Manufacturer's Name: _____</p> <p>Unit Type: _____</p> <p>Date of Manufacture: _____</p> <p>Date of Installation: _____</p> <p>Max Rated Design Capacity/Throughput: _____</p>	<p>Model: _____</p> <p>Size: _____</p>



Emitting Unit 6: _____ Manufacturer's Name: _____ Unit Type: _____ Date of Manufacture: _____ Date of Installation: _____ Max Rated Design Capacity/Throughput: _____	Model: _____ Size: _____
Emitting Unit 7: _____ Manufacturer's Name: _____ Unit Type: _____ Date of Manufacture: _____ Date of Installation: _____ Max Rated Design Capacity/Throughput: _____	Model: _____ Size: _____

Facility Air Pollution Control Unit(s) Identification	
Air Pollution Control Unit 1: _____ Manufacturer's Name: _____ Unit Type: _____ Date of Manufacture: _____ Date of Installation: _____ Estimated Cost of Control Equipment: _____	Model: _____ Size: _____ Estimated Control Efficiency: _____ Emitting Unit Controlled: _____
Air Pollution Control Unit 2: _____ Manufacturer's Name: _____ Unit Type: _____ Date of Manufacture: _____ Date of Installation: _____ Estimated Cost of Control Equipment: _____	Model: _____ Size: _____ Estimated Control Efficiency: _____ Emitting Unit Controlled: _____
Air Pollution Control Unit 3: _____ Manufacturer's Name: _____ Unit Type: _____ Date of Manufacture: _____ Date of Installation: _____ Estimated Cost of Control Equipment: _____	Model: _____ Size: _____ Estimated Control Efficiency: _____ Emitting Unit Controlled: _____



CERTIFICATION OF ACCURACY AND COMPLETENESS

I hereby certify that, to the best of my knowledge, information and belief, formed after reasonable inquiry, the information provided in this facility registration form is true, accurate, and complete.

(Name, title, and signature of company representative)

Name: _____
(Print or Type)

Title: _____

Telephone: _____

Signature: _____
(Original Signature Required)

Date: _____



Oil and Gas Well Facilities Checklist for a Complete Registration

INDUSTRY		MDEQ
<input type="checkbox"/>	Company Name/Contact Information	<input type="checkbox"/>
<input type="checkbox"/>	Well/Facility Name	<input type="checkbox"/>
<input type="checkbox"/>	Legal Locations/Facility Information (e.g., Lat., Long., Sec., Twns., and Range)	<input type="checkbox"/>
<input type="checkbox"/>	Current Facility Production Rates (Oil and gas production rates)	<input type="checkbox"/>
<input type="checkbox"/>	Facility Process Description	<input type="checkbox"/>
<input type="checkbox"/>	Facility Plot Plan/Maps	<input type="checkbox"/>
<input type="checkbox"/>	List of Equipment Onsite	<input type="checkbox"/>
<input type="checkbox"/>	Facility Equipment Emission Calculations (e.g., heater treaters, oil tanks, water tanks, engines, flares, fugitive leaks etc.)	<input type="checkbox"/>
<input type="checkbox"/>	All Pertinent Dates (e.g., well completion and control installation dates etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Gas Stream Composition Analyses (including H ₂ S)	<input type="checkbox"/>
<input type="checkbox"/>	Crude Oil Composition Analyses (if necessary) (Note: sample must be taken from the upstream side of the storage tank)	<input type="checkbox"/>
<input type="checkbox"/>	Emission Models (Inputs/Outputs)	<input type="checkbox"/>
<input type="checkbox"/>	Other Calculations	<input type="checkbox"/>
<input type="checkbox"/>	Signed Facility Registration Form	<input type="checkbox"/>

Note: In order for the Air Quality Oil and Gas Services Section to adequately review the application, make sure to include all applicable calculations, spreadsheets, emission factors, manufacturers' data, field gas and/or crude oil composition data, raw laboratory data, E & P TANKS simulation program inputs and outputs, and/or any other appropriate model input and outputs. Contact the Air Quality Oil and Gas Services Section if you have any questions.