

OGB - 24
INSTRUCTIONS

Read Carefully and Comply Fully

This form shall be executed and filed in triplicate with the State Oil and Gas Board covering each facility or operation that handles or could reasonably be expected to encounter sour oil and/or gas. A separate certificate shall be filed by the operator for each such facility or operation. After said certificate has been approved by the State Oil and Gas Board, one copy shall be returned to the operator

For drilling operations, the certificate shall be filed as a part of the application to drill. For facilities involving other types of H₂S operation, the certificate shall be filed with and approval granted by the Supervisor prior to commencing those operations.

An amended certificate shall be filed for any change which results in a change in the applicable provisions of the rule not described by the existing certificate. Each facility or operation shall be recertified by the operator on an annual basis. NOTE: This annual recertification is NOT the same as the annual review of the contingency plan.

The method of determining the maximum escape volume shall be indicated under "REMARKS."

The radius of exposure is determined by the following Pasquill-Gifford equation:

$$x = [(1.589) (\text{mole fraction H}_2\text{S}) (Q)]^{(0.6258)}$$

Where: X = radius of exposure in feet for 100 ppm H₂S concentration

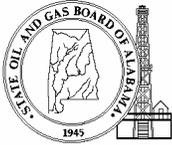
Q = maximum volume determined to be available for escape in standard cubic feet per day

H₂S = mole fraction of hydrogen sulfide in the gaseous mixture available for escape
(i.e. for 1% H₂S (volume basis), mole fraction is 0.01)

Make sure that you have given correctly all information requested. **State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.**

If any of the rules and regulations of the State Oil and Gas Board have not been complied with at the time this application is filed, explain fully under "REMARKS."

The certificate number assigned to this facility or operation should always be used in correspondence relating to this facility or operation.



STATE OIL AND GAS BOARD OF ALABAMA

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Permit no. (if applicable) _____

Operator's Certificate of Compliance for Operations Involving Hydrogen Sulfide

New Amended Annual

(file in triplicate)

Name of operator _____ Date _____

Address _____ City _____ State _____ Zip _____

Facility name _____ County _____

Facility Location * (give footage from nearest section or tract lines) Section-Township-Range or Tract
Latitude Longitude

Field (If wildcat, so state) _____ Operation type _____

H₂S source _____ H₂S content (mole fraction) _____

Max. escape vol. _____ SCF/day Radius of exposure (ROE) _____ feet Public area within 1/2 mi. Yes No

RULE REQUIREMENTS Wind Direction Equip. (4c)

For the above described operation the following requirements (paragraphs) are applicable and have been or will be implemented in accordance with Rule 400-1-9-.02 or 400-2-8-.04, whichever is applicable.

Safety Program (2) Monitor & Alarms (4b) Training Requirements (5)
 Equip. & Materials (3) Wind Direction Equip. (4c) Personnel Safety Equip. (6)
 Warning Signs (4a) Danger Signals (4d) Contingency Plan (7)

AMENDED CERTIFICATE

Reason(s) Facility modification Public infringement ROE change Requirement change Other

Explain: _____

Contingency Plan Required Yes No Location of Plan _____
Amendments required Yes No Local Authorities Notified Yes No

Person to contact regarding this form
Phone number _____
Fax number _____
E-Mail address _____

Remarks: _____

* Omit for pipelines

The undersigned certifies that the above operator has complied, or will comply, with all applicable requirements of Rule 400-1-9-.02 or 400-2-8-.04, whichever is applicable of the State Oil and Gas Board of Alabama Administrative Code, as last amended, and the undersigned further certifies that the conservation laws of the State of Alabama and all rules, regulations, and orders of the Board have been complied with in respect to the area covered by this certificate.

Executed this the _____ day of _____, 20 _____ Signature _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL _____ My commission expires _____ Notary Public in and for _____ County, _____

ACTION OF BOARD

APPROVED BY _____ DATE _____