



STATE OIL AND GAS BOARD OF ALABAMA

Operator's Certificate of Compliance for Operations Involving Hydrogen Sulfide

Form OGB-24, Rev. 07/13

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(File in triplicate)

Permit Number (if applicable)

API Number (if applicable)

New

Amended

Annual

Name of operator _____

Address _____ City _____ State _____ Zip _____

1. Facility name | 2. County
3. Facility Location* (surface) | (give footage from nearest section or offshore tract lines) | Section-Township-Range or Tract
Latitude (NAD27) | Longitude (NAD27)
4. Field (If wildcat, so state) | 5. Operation type
6. H2S source | 7. H2S content (mole fraction)
8. Max. escape vol. SCF/day | 9. Radius of exposure (ROE) feet | 10. Public area within 1/2 mi. Yes No

RULE REQUIREMENTS

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.

Table with 4 columns: 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 gathering lines

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 STATE OIL AND GAS BOARD

APPROVED BY _____ DATE _____