

**MISSISSIPPI STATE OIL & GAS BOARD
 CERTIFICATE OF COMPLIANCE OF HYDROGEN SULFIDE OPERATIONS
 (File in Triplicate)**

NEW	AMENDED	ANNUAL	
Company or Operator		Submitter's E-Mail Address	Date
Address		City	State Zip
DESCRIPTION OF WELL /OPERATION			
Well Name & Well Number /Operation		API No. (if any)	Operation Type
Well Location (state footage from section lines)		Section	Township Range or Block & Survey
Field & Reservoir (if wildcat, so state)		County	
Hydrogen Sulfide Source (Reservoir/Formation)		Hydrogen Sulfide Content (Mole Fraction)	
Maximum Escape Volume SCF/DAY	Radius of Exposure (ROE) Feet	Distance from Proposed Location to Nearest Public Area	
RULE REQUIREMENTS			
For the above described operation, the following requirements (paragraphs) are applicable and have been or will be implemented in accordance with Statewide Rule 66.		Safety Program (3) Equipment & Materials (4) Warning Systems (5) Warning Signs (5a) Monitors & Alarms (5b)	Wind Direction Equipment (5c) Danger Signals (5d) Training Requirements (6) Personal Safety Equipment (7) Contingency Plan (8)
AMENDED CERTIFICATE			
Reason(s)			
Operation Modification	Public Infringement	ROE Change	Requirement Change Other
Explain:			
Contingency Plan			
Previously required:	YES NO	If YES, date approved by Oil & Gas Board _____	
Amendments required:	YES NO	If YES, amendments attached	YES NO
Person to contact regarding this certificate	Contact's E-Mail Address	Contact's Phone Number	
Remarks:			

The undersigned certifies that the above operator has complied, or will comply, with all applicable requirements of Statewide Rule 66 as authorized by the Mississippi Oil and Gas Board and the undersigned further certifies that the conservation laws of the State of Mississippi 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_____.

State of _____

County of _____

Signature of Affiant _____

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 is duly authorized to make the above report and that he has knowledge of the facts stated herein, and that said report is true and correct.

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

SEAL

Signature _____

Notary Public in and for _____

County _____

FOR OFFICE USE ONLY

PERMIT NUMBER _____

APPROVAL DATE _____

APPROVED BY _____

MISSISSIPPI STATE OIL & GAS BOARD CERTIFICATION OF COMPLIANCE FOR HYDROGEN SULFIDE OPERATIONS FORM 19	
Authorized by Order 29-86	Effective January 15, 1986 Revised 2/2018

INSTRUCTIONS

Read Carefully and Comply Fully

Forms submitted should have an e-mail address for the submitter. If provided, then questions or necessary revisions to the form may be e-mailed to the submitter during the form review and/or approval process. If provided, then an approved form will be sent to submitter through e-mail upon approval.

If no e-mail address is supplied, then the submitter may be contacted to obtain an e-mail address.

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 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:

$$X = [(1.589) (\text{mole fraction H}_2\text{S}) (Q)]^{.6258}$$

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 .01)

Make sure that you have correctly given 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.