

# MISSISSIPPI STATE OIL & GAS BOARD CERTIFICATE OF COMPLIANCE OF HYDROGEN SULFIDE OPERATIONS

(File in Triplicate)

NEW

AMENDED

ANNUAL

Name of Company or Operator			Date
Address		City	State Zip
DESCRIPTION OF WELL/OPERATION			
Name of Well /Operation		Well Number	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  Feet	
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.		<input type="checkbox"/> Safety Program (3) <input type="checkbox"/> Equipment & Materials (4) <input type="checkbox"/> Warning Systems (5) <input type="checkbox"/> Warning Signs (5a) <input type="checkbox"/> Monitors & Alarms (5b)	<input type="checkbox"/> Wind Direction Equipment (5c) <input type="checkbox"/> Danger Signals (5d) <input type="checkbox"/> Training Requirements (6) <input type="checkbox"/> Personal Safety Equipment (7) <input type="checkbox"/> Contingency Plan (8)
AMENDED CERTIFICATE			
Reason(s)			
<input type="checkbox"/> Operation Modification	<input type="checkbox"/> Public Infringement	<input type="checkbox"/> ROE Change	<input type="checkbox"/> Requirement Change <input type="checkbox"/> Other
Explain:			
Contingency Plan			
Previously required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, date approved by Oil & Gas Board _____	
Amendments required:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, amendments attached <input type="checkbox"/> YES <input type="checkbox"/> NO	
Person to contact regarding this certificate			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

My commission expires \_\_\_\_\_

Signature \_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
County \_\_\_\_\_

FOR OFFICE USE ONLY

PERMIT NUMBER \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

NOTICE: BEFORE SENDING THIS FORM, BE SURE THAT ALL INFORMATION REQUESTED IS GIVEN. SEE INSTRUCTIONS ON REVERSE SIDE OF FORM.

MISSISSIPPI STATE OIL & GAS BOARD CERTIFICATION OF COMPLIANCE FOR HYDROGEN SULFIDE OPERATIONS FORM 19		
A. P. I.	WELL NUMBER	
STATE	COUNTY	WELL
Authorized by Order 29-86		Effective January 15, 1986

## 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 H<sub>2</sub>S 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 H<sub>2</sub>S concentration

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

H<sub>2</sub>S = mole fraction of hydrogen sulfide in the gaseous mixture available for escape (i.e. for 1% H<sub>2</sub>S (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.