

**Form OP-UA65 Instructions
Gas Well Affected Facilities
Texas Commission on Environmental Quality**

General:

This form is used to provide a description and data pertaining to all gas well affected facilities with potentially applicable requirements associated with a particular regulated entity number and application. Each table number, along with the possibility of a corresponding letter (i.e., Table 1a, Table 1b), corresponds to a certain state or federal rule. If the rule on the table is not potentially applicable to a gas well affected facilities, then it should be left blank and need not be submitted with the application. If the codes entered by the applicant show negative applicability to the rule or sections of the rule represented on the table, then the applicant need not complete the remainder of the table(s) that corresponds to the rule. Further instruction as to which questions should be answered and which questions should not be answered are located in the “Specific” section of the instruction text. The following is included in this form:

Table 1: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOO: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After August 23, 2011 and on or before September 18, 2015

Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOOa: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After September 18, 2015

The Texas Commission on Environmental Quality (TCEQ) regulated entity number (RNXXXXXXXXXX) and the application area name from Form OP-1 (Site Information Summary) must appear in the header of each page for the purpose of identification for the initial submittal. The date of the initial form submittal must also be included and should be consistent throughout the application (MM/DD/YYYY). **Leave the permit number blank for the initial form submittal.** If this form is included as part of the permit revision process, enter the permit number assigned by the TCEQ, the area name (from Form OP-1), the date of the revision submittal, and the regulated entity number.

Unit attribute questions that do not require a response from all applicants are preceded by qualification criteria in the instructions. If the unit does not meet the qualification criteria, a response to the question is not required. **Anytime a response is not required based on the qualification criteria, leave the space on the form blank.**

Notwithstanding any qualification criteria in the form instructions or information provided in other TCEQ guidance, the applicant may leave an attribute question blank (or indicate “N/A” for “Not Applicable”) if the attribute is not needed for the applicable requirement determinations of a regulation for a unit.

In some situations, the applicant has the option of selecting alternate requirements, limitations, and/or practices for a unit. Note that these alternate requirements, limitations, and/or practices must have the required approval from the TCEQ Executive Director and/or the U.S. Environmental Protection Agency (EPA) Administrator before the federal operating permit application is submitted.

The Texas Commission on Environmental Quality (TCEQ) **requires** that a Core Data Form be submitted on **all** incoming registrations unless all of the following are met: the Regulated Entity and Customer Reference Numbers have been issued by the TCEQ and no core data information has changed. The Central Registry, a common record area of the TCEQ, maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred to as “core data.” The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a facility is moved to the Central Registry, two new identification numbers are assigned: the Customer Reference (CN) number and the Regulated Entity (RN) number. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed. If this is the initial registration, permit, or license for a facility site, then the Core Data Form must be completed and submitted with application or registration forms. If amending, modifying, or otherwise updating an existing record for a facility site, the Core Data Form is not required,

unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ website at www.tceq.texas.gov/permitting/central_registry.

Specific:

Table 1: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOO: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After August 23, 2011 and on or before September 18, 2015

Unit ID No.:

Enter the identification number (ID No.) for the unit (maximum 10 characters) as listed on Form OP SUM (Individual Unit Summary).

SOP/GOP Index No.:

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). Applicants should complete all applicable GOP attribute information before determining the GOP index number. For additional information relating to GOP index numbers please go to the TCEQ website at

www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

Construction/Modification Date:

Select one of the following options that describe the date of commencement of the most recent construction, reconstruction, or modification. Enter the **code** on the form.

Code	Description
11-	Before 8/23/2011
11-15	After 8/23/2011 and on/before 9/18/2015
15+	After 9/18/2015

▼ Continue only if “Construction/Modification Date” is “11-15.”

Subcategory of Gas Well:

Select one of the following options to describe the subcategory of the gas well. Enter the **code** on the form.

Code	Description
REFRAC	Well completion operation following hydraulic refracturing
15-	Well completion operation where hydraulic fracturing began prior to January 1, 2015
15+	Well completion operation where hydraulic fracturing began on or after January 1, 2015
OTH	Well completion operation at a wildcat or delineation well or at a non-wildcat low pressure gas well or non-delineation low pressure gas well

▼ Continue only if “Subcategory of Gas Well” is “15-.”

Complying With §60.5375(a)(1) and (a)(2):

Select **one** of the following options to describe the well affected facility. Enter the **code** on the form.

Code	Description
5375	Gas well is complying with §60.5375(a)(1) and (a)(2)
NONE	Gas well is not complying §60.5375(a)(1) and (a)(2)

Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60), Subpart OOOOa: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After September 18, 2015

Unit ID No.:

Enter the identification number (ID No.) for the well affected facility (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary.)

SOP/GOP Index No.:

Site operating permit (SOP) applicants should indicate the SOP Index Number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). General operating permit (GOP) applicants should indicate the appropriate GOP index number in this column from the applicable GOP table (SSS-FF-XXX). For additional information relating to SOP Index Numbers, please go to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/additional_fop_guidance.pdf.

Construction/Modification Date:

Select **one** of the following options based on the commencement of the most recent construction, modification, or reconstruction date. Enter the **code** on the form.

Code	Description
15-	On or before September 18, 2015
15+	After September 18, 2015

▼ **Continue only if “Construction/Modification Date” is “15+.”**

Facility Type:

Select **one** of the following options to describe the well affected facility. Enter the **code** on the form.

Code	Description
OTHER	Non-low pressure well, non-delineation well, or non-wildcat well
LOWPRESS	Low pressure well
DELIN	Delineation well
WILD	Wildcat well
LOWGOR	Well affected facility with less than 300 scf of gas per stock tank barrel of oil produced

AMEL:

Enter “YES” if the well affected facility is complying with the alternate method of emission limitation (AMEL) in 40 CFR § 60.5398a. Otherwise, enter “NO.”

AMEL ID No.:

If an AMEL has been approved, enter the corresponding AMEL unique identifier for each fugitive unit (maximum 10 characters). If the unique identifier is unavailable, then enter the date of the AMEL approval letter in the table column. The unique identifier and/or the date of the approval letter is contained in the Compliance File under the appropriate account number. Otherwise, leave this column blank.

▼ **Continue only if “AMEL” is “NO.”**

★ **Complete “Completion Combustion Device” only if Facility Type is “OTHER.”**

Completion Combustion Device:

Enter “YES” if recovered gas is captured and directed to a completion combustion device as described in 40 CFR § 60.5375a(a)(3). Otherwise, enter “NO.”

★ Complete “60.5375a(f)(3) Option” only if Facility Type is “LOWPRESS,” “DELIN,” or “WILD.”

60.5375a(f)(3) Option:

Select **one** of the following compliance options for well affected facilities complying with 40 CFR §60.5375a(f)(3).

Code	Description
COMB	Flowback routed to a completion combustion device as described in 40 CFR § 60.5375a(f)(3)(i)
VESSEL/SEP	Flowback routed into one or more well completion vessels and commenced operation of a separator as described in 40 CFR § 60.5375a(f)(3)(ii).

**Gas Well Affected Facilities Attributes
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Federal Operating Permit Program**

Table 1: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)

**Subpart OOOO: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction,
Modification or Reconstruction Commenced After August 23, 2011 and on or before September 18, 2015**

Texas Commission on Environmental Quality

Date	Permit No.	Regulated Entity No.

Unit ID No.	GOP Index No.	Construction/Modification Date	Subcategory of Gas Well	Complying With §60.5375(a)(1) and (a)(2)

Gas Well Affected Facilities Attributes

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Federal Operating Permit Program

Table 2: Title 40 Code of Federal Regulations Part 60 (40 CFR Part 60)

**Subpart OOOOa: Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution for which Construction, Modification or Reconstruction Commenced After September 18, 2015
Texas Commission on Environmental Quality**

Date	Permit No.	Regulated Entity No.

Unit ID No.	SOP/GOP Index No.	Construction/Modification Date	Facility Type	AMEL	AMED ID No.	Completion Combustion Device	60.5375a(f)(3) Option