

**RAILROAD COMMISSION OF TEXAS  
OIL AND GAS DIVISION  
CERTIFICATE OF COMPLIANCE STATEWIDE RULE 36**

FORM H-9  
12/12/77

FILE WITH  
DISTRICT OFFICE  
IN TRIPLICATE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  |                                                                                                       |  |                                                   |                                                |                                                                |  |                                                                |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|-----------------------------------------|-----------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|--|----------------------------------------------------------------|--|--|--|
| 1. Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                   | 2. Operator Number (See Instruction 13) |                                                           |  | 3. RRC Dist.                                                                                          |  |                                                   |                                                |                                                                |  |                                                                |  |  |  |
| 4. Street or P. O. Box No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   | 5. City                                 |                                                           |  | 6. State                                                                                              |  |                                                   | 7. Zip Code                                    |                                                                |  |                                                                |  |  |  |
| 8. Name of Lease, Facility or Operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                   |                                         | 9. Field or Area Name                                     |  |                                                                                                       |  | 10. County                                        |                                                |                                                                |  |                                                                |  |  |  |
| 11. General Operation Type - Circle One:<br>A - Oil Field Production      B - Gas Field Production<br>C - Pipeline or Gathering Sys.    D - Gasoline Plant<br>E - Drilling or Workover          F - Sweetening Unit<br>G - Combination (explain)        H - Other (explain)                                                                                                                                                                                                                                           |  |                                   |                                         |                                                           |  | Other Explanation                                                                                     |  |                                                   |                                                |                                                                |  |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | 13. Hydrogen Sulfide Concentration _____ PPM                                                          |  |                                                   | 14. Maximum Escape Volume _____ MCF/Day        |                                                                |  |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | 15. 100 PPM Radius of Exposure (ROE) _____ Ft.                                                        |  |                                                   | 16. 500 PPM Radius of Exposure (ROE) _____ Ft. |                                                                |  |                                                                |  |  |  |
| 12. RRC ID# of Operation(s) to be Covered by This Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Type ID Code (See Instruction 12) |                                         | Indicate if Filing for Storage Facility Only<br>YES    NO |  | 17. Operation is Existing    New                                                                      |  | 18. Modification Resulting in Certificate Change  |                                                | Yes    No                                                      |  |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | <input type="checkbox"/> <input type="checkbox"/>                                                     |  | <input type="checkbox"/> <input type="checkbox"/> |                                                | <input type="checkbox"/> <input type="checkbox"/>              |  |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | 19. Workover or Drilling Well with 100 PPM ROE Greater than 3000 feet on Rule 36 Certified Well/Lease |  | Yes    No                                         |                                                | <input type="checkbox"/> <input type="checkbox"/>              |  |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | 20. Previous Certificate Number if Available (For Amended Certificates) _____                         |  |                                                   |                                                |                                                                |  |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | 21. The 100 PPM ROE includes any part of a public area except a public road                           |  |                                                   |                                                |                                                                |  | Yes    No<br><input type="checkbox"/> <input type="checkbox"/> |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | 22. The 500 PPM ROE includes any part of a public road                                                |  |                                                   |                                                |                                                                |  | Yes    No<br><input type="checkbox"/> <input type="checkbox"/> |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | 23. Injection of fluid containing Hydrogen Sulfide (See Instruction 14)                               |  |                                                   |                                                |                                                                |  | Yes    No<br><input type="checkbox"/> <input type="checkbox"/> |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | 24. Date (or Depth) of Compliance with all applicable provisions of Rule 36                           |  |                                                   |                                                |                                                                |  | ____/____/19____<br>Mo    Day    Year                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                   |                                         |                                                           |  | Depth of Compliance for Drilling Operation                                                            |  |                                                   |                                                |                                                                |  | _____<br>Ft. from Surface                                      |  |  |  |
| 25. Contingency Plan Location of Plan (See Instruction 15)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                         |                                                           |  |                                                                                                       |  | Has been prepared                                 |                                                | Yes    No<br><input type="checkbox"/> <input type="checkbox"/> |  |                                                                |  |  |  |
| 26. Location of data used to prepare this certificate (See Instruction 15)                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                   |                                         |                                                           |  |                                                                                                       |  |                                                   |                                                |                                                                |  |                                                                |  |  |  |
| <b>CERTIFICATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                   |                                         |                                                           |  |                                                                                                       |  |                                                   |                                                |                                                                |  |                                                                |  |  |  |
| I declare under penalties prescribed in Section 91.143, Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision, and that I am qualified to make this certification by virtue of my training and experience, and by my analysis of the operation being certified, or by the analysis of qualified person working under my supervision, and that the data and facts stated therein are true, correct, and complete, to the best of my knowledge. |  |                                   |                                         |                                                           |  |                                                                                                       |  |                                                   |                                                |                                                                |  |                                                                |  |  |  |
| Representative of Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                   |                                         | Title                                                     |  |                                                                                                       |  | Phone No.                                         |                                                |                                                                |  | Date                                                           |  |  |  |

**RAILROAD COMMISSION USE ONLY**

This operation and the equipment used therein is approved on the basis of the above certification and is subject to further Commission audit for compliance with the required provisions of Statewide Rule 36. This approval may be cancelled if investigation determines that the operation does not comply with the provisions of Statewide Rule 36.

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

DATE: \_\_\_\_\_

REMARKS:

CERTIFICATION NUMBER: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING FORM H-9  
STATEWIDE RULE 36 CERTIFICATE OF COMPLIANCE**

1. The certificate of compliance shall certify that operator has complied, or will comply, with applicable provisions of this rule.
2. The certificate of compliance shall be filed in triplicate in the Commission District Office where the operation is located.
3. The certificate of compliance shall certify existing operations subject to this rule to be in compliance, will be in compliance as specified in an attached schedule, or for new or modified facilities, will be in compliance upon completion.
4. An amended certificate of compliance shall be required if the modification of an existing operation increases the radius of exposure to include additional public areas. If there is a change in public exposure caused by the public infringement of existing radius of exposure resulting in a change in applicable provisions not described by the existing certificate, then an amended certificate of compliance shall be submitted within 30 days.
5. For new or modified facilities not covered by existing certificate of compliance, or where the modification would require amended certificate, the operator shall file a certificate at least 30 days prior to initiating the operation or construction.
6. In case of extenuating circumstances, an operator may file a certificate of compliance with an attached written explanation for those cases where waiver of 30-day prior filing is requested. In such cases, the approval of the certificate will constitute authority to proceed.
7. The certificate of compliance shall be prepared and executed by a party who, through training and experience, is qualified to make such certification.
8. A certification of compliance may cover a single operation or multiple operations located in an area, a field, or a group of fields within a Commission District. The description of the type of operation is indicated on form must be sufficiently complete to the degree that it is obvious what element of an operation is to be covered by the certificate.
9. Certificates are non-transferable, and a new operator of a system or any acquired element of a system or operations shall be required to certificate that operation. An Amended H-9 shall be required should any change occur that would add or delete a RRC ID or Registration Number covered by a certificate. Any change in operator address or location of contingency plan and/or test data shall require an amended certificate.
10. In completing Form H-9 the items 13, 14, 15, and 16 are based on maximum volume and concentrations within system available for escape. If system to be certified is a vacuum system and no gas could possibly escape, so indicate by filling item 14 with "0-Vacuum".
11. On Form H-9 items 21 and 22 are to be based on the maximum effect of any element within system.
12. Show Railroad Commission ID or Registration Numbers to be certificated: I.D. Numbers should be identified by the type with codes:
  1. Oil Lease Number
  2. Gas Well Number
  3. Pipeline Permit Number
  4. Plant I.D. Number
  5. Drilling Permit Number
  9. Other (Explain)
  16. API NumberIf necessary attach additional 8 ½ x 11 sheet.
13. Operator Number is a unique number assigned to each company filing a RRC Form P-5. This number is found at the bottom of each page of the operator's copy of the proration schedule.
14. Disposal of produced water with little or no free gas does not require a "yes" entry in item 23.
15. Location of contingency plan and test data should be in the form of a delivery address (not a post office box).
16. If this is an amended filing, indicate reason(s) in "Other Explanation."
17. Forms H-9 filed for drilling or work over must be amended within one year to indicate disposition of well. Include prior Certificate Number, current RRC ID Number, or, if dry hole, date Form W-3 was filed.
18. Drilling Application (W-1) must indicate a Rule 36 covered well in "Remarks" section when a proposed drilling operation is in an area, which requires filing of Form H-9. Please file Form W-1 and H-9 for same well together, if possible.

## **INSTRUCTIONS FOR COMPLETING FORM H-9**

Properly completed, the Form H-9 will:

- Identify the type of operation
- Indicate the level of compliance required
- Certify that the operation will be in compliance with Rule 36.

### **Items 1 - 10**

- Identifies the operator and the operation or facility.

### **Item 11**

- Identifies the type of operation.
- Circle the appropriate letter for the type of operation.
- If G or H is circled, will need to explain under "Other Explanation".

### **Item 12**

- This requires the appropriate Commission's assigned identification number such as drilling permit number, lease number, pipeline number, etc.
- If the H-9 for a drilling operation is filed before a drilling permit number is issued, leave the item blank and the Railroad Commission District Office will fill in the permit number when it is issued.
- The "Type ID Code" column will identify the type of number under the RRC ID# column. The proper code is obtained from the back of the Form H-9. Such as Code (1) for a lease number, Code (2) for a gas ID number, etc.

- Storage Facility
  1. If Item 15 is 50 feet or greater, check "No".
  2. If Item 15 is less than 50 feet and Item 13 is less than 500 ppm, check "No".
  3. If Item 15 is less than 50 feet and Item 13 is 500 ppm or greater, check "Yes".

**Item 13**

- This is the Hydrogen Sulfide concentration in the gas stream. If the operation is any type other than a drilling operation, the concentration must be measured. If the H-9 is for a drilling operation, the concentration from a nearby producing well can be used, if the formation is the same. If the drilling well is a Wildcat to a know Hydrogen Sulfide zone, leave Item 13 blank and enter 3,000 feet under Item 15. If you use anything less than 3,000 feet under Item 15 on such a Wildcat well, explain why under "Remarks".

**Item 14**

- This is the maximum volume of gas that could escape from a well or system if it was fully opened to atmospheric pressure.

**Item 15**

- This is the distance from a leak site that a concentration of 100 ppm (parts per million) of Hydrogen Sulfide in the air could be expected to reach. This distance can be determined from the 100 ppm equation in Rule 36 or from the 100 ppm nomograph, in the back of this manual, by using the concentration reported in Item 13 and the volume reported in Item 14.

**Item 16**

- This would be the same as Item 15 except it would be the distance for a 500 ppm concentration and you would use the 500 ppm equation or the 500 ppm nomograph to determine the distance or radius.

**Item 17**

- Needs no explanation

**Item 18**

- Check "Yes" if this is a previously certified operation that has been modified to such an extent that the level of compliance changes due to a change in the radius of exposure or change of exposure in public areas to such an extent that the level of compliance will change. If "Yes" is checked, you should list the previous certification number under Item 20.

**Item 19**

- If you have filed a Production H-9 for an oil lease, a drilling H-9 is not required for future wells drilled on the lease unless the well will have a 100 ppm radius of exposure greater than 3,000 feet. If this be the case, the "Yes" block should be checked.

**Item 20**

- If this is an amendment to a previously certified well, lease, facility, or operation, the previously issued certification number should be given.

**Item 21**

- Using the 100 ppm radius reported under Item 15, the area around the operational site must be surveyed to see if there is a public area in the radius. If so, "Yes" must be checked. "Yes" checked will require full compliance with Rule 36.

**Item 22**

- Using the 500 ppm radius reported under Item 16, the area around the operations site must be surveyed to see if there is a public road in the radius. If so, "Yes" must be checked. If "Yes" is checked, full compliance with Rule 36 will be required.

**Item 23**

- This normally applies to the injection of gas containing Hydrogen Sulfide rather than the injection of produced water since it would be rare for a salt water injection well to have a radius of exposure of 50 feet or greater. If "Yes" is checked and if either Items 21 or 22 are checked "Yes", a public hearing will be required to consider approval of the H-9. Also, if the concentration of the Hydrogen Sulfide in the gas stream has been increased by a processing plant prior to injection, a public hearing will be required regardless of how Items 21 and 22 are checked.

**Item 24**

- Date or depth of compliance with all applicable provisions of Rule 36. For any operation other than drilling, a date for compliance must be given. This will be the date the operation was or will be in compliance with Rule 36. If the H-9 is for a drilling operation, a depth of compliance must be given. The depth given should be 1,000 feet above the expected H<sub>2</sub>S zone. If no depth is given, it will be assumed that the drilling operator will be in compliance with Rule 36 from ground zero.

**Item 25**

- If Items 21 or 22 are checked "Yes", or if Item 15 is 3,000 feet or greater, a contingency plan is required. Indicate the locations, not P. O. Box, where the contingency plan will be kept. If the plan has already been prepared, check the "Yes" block. If the plan has not yet been prepared, check the "No" block and indicate when the plan is expected to be completed. If a contingency plan is not required, leave Item 25 blank.

**Item 26**

- Give a location, not a P. O. Box, where the data used to prepare the H-9 is kept.

**Certification**

- The Form H-9 must be signed by a person knowledgeable of the requirements of Rule 36 and who can certify that the operation is or will be in compliance, or else supervises someone who is knowledgeable in the requirements of Rule 36 and can certify that the operation is or will be in compliance.

## POINTS TO REMEMBER

1. For drilling operations, Form H-9 must be filed 30 days prior to the commencement of drilling operations. The Form H-9 does not have to be filed at the same time the Form W-1 drilling application is filed, as long as the H-9 is filed 30 days prior to drilling.
2. A Form H-9 must be filed for a well in a field classified as an H<sub>2</sub>S field even if the well contains no H<sub>2</sub>S gas. This is necessary in order for the well to be coded exempt in our H<sub>2</sub>S system. Otherwise, the well will show up in our system as being in violation of Rule 36.
3. If an H-9 is filed for the drilling of a well and the well is subsequently completed as a producer, an amended H-9 must be filed for production. When filing the production H-9, the H<sub>2</sub>S concentration in the gas must be measured, and the volume determined. The H<sub>2</sub>S concentration and volume used on the drilling H-9 should not be used on the production H-9 since the values used on the drilling H-9 were only assumed values.
4. A production H-9 will cover all drilling and workover operations on an oil lease provided the 100 ppm radius of exposure for the well is less than 3,000 feet. This means that it is not necessary to file a drilling or workover H-9 if the well is on a lease with certified production H-9 on file unless the 100 ppm radius of exposure for the well will be 3,000 feet or greater.
5. Gas wells are assigned individual RRC Identification Numbers, unlike oil wells where the lease is assigned an RRC Lease Number rather than assigning individual numbers to the oil wells on the lease. Production H-9's for gas wells, therefore, must be filed for each gas well. Several gas wells may be filed on a single H-9, but the I.D. Number of each well must be listed under

Item 12. In this situation, the values from the well with the largest radius of exposure must be used to complete Items 13, 14, 15 & 16. In some cases, this could cause excessive compliance on some wells listed if they happen to have a smaller radius of exposure.

6. Certified Form H-9's are not transferable. If the operation of an H<sub>2</sub>S facility is taken over by a new operator, the new operator must file a new H-9 to show the change of operator. This is necessary to ensure that the new operator is aware of the requirements of Rule 36 and will certify that the operation will be maintained in compliance with Rule 36. Indicate in "Remarks" that the H-9 is being filed to show a change of operator. If the certification number is known, enter this number under Item 20.