Print Form

Santa Barbara County Air Pollution Control District

California Air Resources Board Greenhouse Gas Oil & Gas Regulation Compliance Checklist - Long Form

I. General

Company Name			
Facility Name		Facility ID	
Main Facility Permit		Reeval Due Date	
Oilfield Name			

Contact Info

Name			
Phone Number	ext	Email	

II. Applicability *(check all facility types that apply)*

- ☐ Crude Oil and Natural Gas Production
- ☐ Crude Oil, Condensate, and Produced Water Separation and Storage
- ☐ Natural Gas Underground Storage
- ☐ Natural Gas Gathering and Boosting Station
- ☐ Natural Gas Processing Plant
- ☐ Natural Gas Transmission Compressor Station

III. Throughput Information *(use data from last complete calendar year)*

Number of Oil and Gas Wells	
Crude Oil Throughput	*bbls/year*
Natural Gas Throughput	*MMscf/year*
Produced Water Throughput	*bbls/year*

IV. Requirements - Section §95668

(a) Separator and Tank Systems[1]

◯ Yes ◯ No	Does your facility have a Separator and Tank System? **If No, stop. Move on to Section (b)**
◯ Yes ◯ No	Are all existing Separator and Tank Systems connected to a permitted Vapor Control System (VCS), including upstream Gauge Tanks? **If Yes, exemption (a)(2)(C) applies.**
◯ Yes ◯ No	Do any of the exemptions in the CARB regulations apply[2]. **If Yes, list the specific exemption in the device table below. If No, flash test results are due by January 1, 2018.**
◯ Yes ◯ No	Will an existing uncontrolled separator and/or tank be connected to a VCS by January 1, 2019? **If Yes, flash testing is not required and submittal of a permit application is due by June 1, 2018.**

☐ Yes ☐ No Does the facility have more than one Separator and Tank system. **If Yes, provide system device details on a separate attachment using the device table format noted below.**

Separator and Tank System Device Table (4)

Unit	Device ID	Device Name	Size (bbls)	Connected to VCS?	CARB Exempt?	Cite Exemption
Primary Separator						
Tank #1						
Tank #2						

*If more than 3 units, provide Separator or Tank information on a separate attachment using the device table format noted above.

Separator and Tank System Section Notes

(1) As defined in §95667(a)(57).

(2) See §95668(a)(2) for the list of exemptions.

(3) New uncontrolled Separator and Tank Systems installed after January 1, 2018 require flash testing within 90 days of initial startup.

(4) Use Device ID and Device Name from your District permit equipment list.

(b) Circulation Tanks for Well Stimulation Treatments(1)

☐ Yes ☐ No Does this facility use circulation tanks for well stimulation treatments? **If No, stop. Move on to Section (c)**

☐ Yes ☐ No Has a Best Practices Management Plan been created using the criteria in §95668(b)(1)? **If No, one must be developed prior to January 1, 2018.**

Circulation Tanks for Well Stimulation Section Notes

(1) CARB has retained primary authority for this requirement.

(c) Reciprocating Natural Gas Compressors

☐ Yes ☐ No Does this facility have reciprocating natural gas compressors? **If No, stop. Move on to Section (d). If Yes, how many devices?** ☐

☐ Yes ☐ No Do any of the reciprocating natural gas compressors operate less than 200 hours per year? **If Yes, and you wish the device be exempted from the regulation, indicate so in the Device Table below.**

☐ Yes ☐ No Are the existing vent stacks serving the compressor seals/rod packing controlled by a VCS? **If Yes, are all reciprocating compressor vent stacks controlled?** ☐ Yes ☐ No

☐ Yes ☐ No Are these Natural Gas Compressors subject to a District LDAR Program?

The following two questions apply to reciprocating natural gas compressors located at Natural Gas Underground Storage Facilities, Natural Gas Gathering and Boosting Stations, Natural Gas Processing Plants and Natural Gas Transmission Compressor Stations:

◯ Yes ◯ No Will the existing rod packing or seal be connected to a VCS before January 1, 2019? **If Yes, vent stack emission flow rate measurements are not required and submittal of a permit application is due by June 1, 2018**(1)**.**

◯ Yes ◯ No If vent stack emission flow rates are below the standards in the regulation, will the option to perform annual vent stack measurements be used? **If No, state how compliance will be achieved in the input box below:**

Reciprocating Natural Gas Compressor Device Table (2)

Unit	Device ID	Device Name	Connected to VCS?	200 Hour/Yr Exemption Request?

*If more than 6 units, provide compressor device details on a separate attachment using the device table format noted above.

Reciprocating Natural Gas Compressor Section Notes

(1) Section §95671(d) requires use of a Low-NOx thermal oxidizer if these additional vapors will be combusted.

(2) Use Device ID and Device Name from your District permit equipment list.

(d) Centrifugal Natural Gas Compressors

◯ Yes ◯ No Does this facility have centrifugal natural gas compressors? **If No, stop. Move on to Section (e). If Yes, how many devices?**

◯ Yes ◯ No Do any of the centrifugal natural gas compressors operate less than 200 hours per year? **If Yes, and you wish the device to be exempted from the regulation, indicate so in the Device Table below.**

◯ Yes ◯ No Are the existing vent stacks serving the wet seals controlled by a VCS? **If Yes, are all the centrifugal compressor vent stacks controlled?** ◯ Yes ◯ No

◯ Yes ◯ No Will the existing wet seal be connected to a VCS before January 1, 2019? **If Yes, vent stack emission flow rate measurements are not required and submittal of a permit application is due by June 1, 2018**(1)

◯ Yes ◯ No If vent stack emission flow rates are below the standards in the regulation, will the option to perform annual vent stack measurements be used? **If No, state how compliance will be achieved in the input box below:**

Centrifugal Natural Gas Compressor Device Table (2)

Unit	Device ID	Device Name	Connected to VCS?	200 Hour/Yr Exemption Requested?

*If more than 3 units, provide compressor device details on a separate attachment using the device table format noted above.

Reciprocating Natural Gas Compressor Section Notes

(1) Section §95671(d) requires use of a Low-NOx thermal oxidizer if these additional vapors will be combusted.

(2) Use Device ID and Device Name from your District permit equipment list.

(e) Natural Gas Powered Pneumatic Devices and Pumps(1)

◯ Yes ◯ No Does this facility have any natural gas powered pneumatic devices or pumps? **If No, stop. Move on to Section (f). If Yes, how many devices?**

◯ Yes ◯ No Are there any continuous bleed pneumatic devices. **If Yes, were any of these installed prior to January 2016?** ◯ Yes ◯ No

◯ Yes ◯ No For continuous bleed pneumatic devices installed prior to January 2016, will these be replaced prior to January 1, 2019 with pneumatic air or controlled by a VCS? **If Yes, then flow rate measurements and tagging are not required for these devices.**

◯ Yes ◯ No Are there any intermittent bleed natural gas powered pneumatic devices?

◯ Yes ◯ No Are there any intermittent bleed natural gas powered pneumatic pumps?

*Complete the table below if you have any Continuous or Intermittent Bleed Devices and/or Pumps.

Natural Gas Pneumatic Device Table

Type	Total Number Installed	Total Number Installed Pre-2016
Continuous Bleed Devices		
Pneumatic Pumps		N/A
Intermitent Bleed Devices		N/A

Natural Gas Pneumatic Devices and Pumps Section Notes

(1) Pneumatic pumps are not classified as a pneumatic device. Treat separately.

(f) Liquids Unloading of Natural Gas Wells[1]

◯ Yes ◯ No Does this facility have any natural gas wells? **If No, stop. Move on to Section (g). If Yes, how many natural gas wells are at this facility?**

*On a separate sheet, attach a listing of these wells by API number[2]. Include all natural gas wells that are not plugged and abandoned.

Indicate which method of compliance will be used:

- ☐ Collection of vented natural gas with a VCS
- ☐ Measurement of vented natural gas by Direct Method
- ☐ Measurement of vented natural gas by Calculation Method

◯ Yes ◯ No Will different compliance methods be used for different wells? **If Yes, on a separate attachment, provide details on which option each well will comply with. Indicate wells by API number.**

Liquids Unloading of Natural Gas Wells Section Notes

(1) A natural gas well produces only natural gas and condensate (no crude oil emulsion).

(2) API well numbers as reported to DOGGR.

(g) Well Casing Vents[1]

◯ Yes ◯ No Does this facility operate with well casing vents open to the atmosphere (either continuously or intermittently)? **If No, stop. Move on to Section V.**

*On a separate sheet, identify the wells that have well casing vents which routinely vent to the atmosphere. Identify the well API number[2] and whether the vent is continuously open or opened intermittently.

Well Casing Vents Section Notes

(1) District Rule 325 prohibits oil and gas facilities from routinely venting well casing gas.

(2) API well numbers as reported to DOGGR.

V. Requirements - Section §95669 Leak Detection and Repair (LDAR)

◯ Yes ◯ No	Does your facility currently operate a Leak Detection and Repair (LDAR) program per District Rule 331?
◯ Yes ◯ No	For facilities currently subject to the local LDAR Rule 331, has your facility previously claimed any of the exemptions under Section B.2 or Section B.3 of the Rule? **If Yes, these components may be subject to the CARB regulations LDAR provisions if the Rule 331 exemptions are retained.**
◯ Yes ◯ No	Will the existing Fugitive Emission Inspection and Maintenance Plan be modified (prior to January 1, 2018) to rescind the Section B.2 and B.3 exemption requests? Doing so will avoid having to comply with two different LDAR programs. The District recommends rescinding exemptions (in whole or part) B.2.a, B.3.b, B.3.c, and B.3.e of Rule 331.
◯ Yes ◯ No	Would you like to make a blanket exemption request under the CARB Regulation for these Rule 331 exempt components? Section B.2.a (only for delivery of commercial natural gas in utility owned pipelines), B.2.b (components buried underground), B.2.c (half-inch stainless steel tube fittings), B.3.a (components exclusively in heavy liquid service and less than 20° API), B.3.b (only for components incorporated into produced water lines that is controlled by the use of a vapor collection system), and B.3.d (components in lines operating under negative pressure).
◯ Yes ◯ No	Besides the blanket request above, for components not subject to Rule 331, are any exemptions being requested to the CARB Regulation under Section §95669(b)? **If Yes, on a separate sheet, attach a detailed listing of the components and indicate the specific exemption being claimed and their geographic location at the facility.**
◯ Yes ◯ No	For components not subject to the local Rule 331 LDAR requirements, are any being classified as inaccessible or unsafe-to-monitor? **If Yes, on a separate sheet, attach a detailed listing of these components, reasoning for the determination and their geographic location at the facility.**

VI. Critical Components

◯ Yes ◯ No	Are you requesting critical component designation for any component subject solely to the CARB regulation? **If Yes, the request must be submitted to CARB no later than January 1, 2018.**

Critical Component Section Notes

(1) Prior critical component approvals for components subject to local LDAR Rule 331 remain valid.

(2) New critical component requests for components subject to local LDAR Rule 331 may be requested as part of an I&M Plan revision at any time.