



South Coast Air Quality Management District
Form 222-OW
Registration for Oil & Gas Production Wells

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

South Coast AQMD Complete one form per facility.

Section A - Operator Information

1. Facility Name (Business Name of Operator):		2. Valid AQMD Facility ID (Leave blank if a new business): _____
3. Owner's Business Name (If different from Business Name of Operator): <input type="checkbox"/> Check here if change of operator		

Section B - Equipment Location Address **Section C - Business Mailing Address**

4. Equipment Location:		5. Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address	
Street Address _____		Address _____	
City _____, CA	Zip _____	City _____, State _____	Zip _____
Contact Name _____	Title _____	Contact Name _____	Title _____
Phone # _____ Ext. _____	Fax # _____	Phone # _____ Ext. _____	Fax # _____
E-Mail: _____		E-Mail: _____	

Section D - Equipment Information

6. Rule 222(c)(21)(31)&(32) Natural gas and crude oil production equipment, well heads and well pumps, are equipment located at a facility subject to Rule 1148.1 – Oil and Gas Production Wells at which crude petroleum production and handling are conducted, as defined in the Standard Industrial Classification Manual as Industry No. 1311, Crude Petroleum and Natural Gas. (Amended May 5, 2017)

Production Summary

Number of Active Well Head(s)*: _____	Total Gas Production (MCF/Year) _____
Number of Idle Well Head(s)*: _____	
Total Number of Well Head(s)*: _____	Total Oil Production (BBL/Year) _____

* List well(s) IDs (API #) and their active/idle status in supplemental form (Form 222-OW Supplemental) and include with submittal.

The registration fee is for 1-4 well heads. Additional fee for each additional groups of 1-4 active well heads. Fees are updated on July 1 of each year.

For current fees, please see Rule 301 or go to <http://www.aqmd.gov/home/permits/equipment-registration/rule-222-filing-program>

Section E - Authorization/Signature *I hereby certify that all information contained herein and information submitted with this application are true and correct.*

7. Signature of Responsible Official: _____	8. Title of Responsible Official: _____
9. Print Name: _____	10. Date: _____

11. Check List: Authorized Signature/Date Fees Enclosed Supplemental Form Attached

AQMD USE ONLY		APPLICATION TRACKING #		EQUIPMENT CATEGORY CODE:		FEE \$		VALIDATION	
DATE	A	R	ENGA DATE	R	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$	TRACKING #



South Coast Air Quality Management District
**Form 222-OW Supplemental
 Registration for Oil & Gas Production Wells**

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

Facility Name: _____ Facility ID: _____

Well Details

Rule 222(c)(21)(31)&(32) Natural gas and crude oil production equipment, well heads and well pumps, are equipment located at a facility subject to Rule 1148.1 – Oil and Gas Production Wells at which crude petroleum production and handling are conducted, as defined in the Standard Industrial Classification Manual as Industry No. 1311, Crude Petroleum and Natural Gas. (Amended May 5, 2017)

Provide well information in the table below including well's API #, DOGGR description, and status. Attach additional page(s) as needed.

#	Well ID (API #)	DOGGR Well Description	Well Status (Active/Idle or Other)	#	Well ID (API #)	DOGGR Well Description	Well Status (Active/Idle or Other)
1.				21.			
2.				22.			
3.				23.			
4.				24.			
5.				25.			
6.				26.			
7.				27.			
8.				28.			
9.				29.			
10.				30.			
11.				31.			
12.				32.			
13.				33.			
14.				34.			
15.				35.			
16.				36.			
17.				37.			
18.				38.			
19.				39.			
20.				40.			

Date _____

Page _____ of _____