

Sour Gas Flaring/Incineration Data Summary Report



This form must be completed in full and submitted within three weeks of the flaring completion date or, in the event no flaring took place, within three weeks of the expiry date. Submit to

Alberta Energy Regulator
 Authorizations Branch, Flaring Approvals
 Suite 1000, 250 – 5 Street SW
 Calgary, AB T2P 0R4
 Fax: 403-297-2691 E-mail: Directive060Inbox@aer.ca

Sour Gas Flaring/Incineration Data Summary				
Approval no:				
Company:				
Well name:		Unique well identifier:		
Approval issue date:		Expiry date:		
Volume of formation gas flared:	Approved:	10 ³ m ³	Actual:	10 ³ m ³
Instantaneous flared gas flow rate:				
Approved (max.):	10 ³ m ³ /d	Actual (max.):	10 ³ m ³ /d	Actual (avg.): 10 ³ m ³ /d
Actual fuel gas flared (if applicable):	Volume:	10 ³ m ³	Rate:	10 ³ m ³
Number of H ₂ S analyses conducted:		(Provide tester report.)		
H ₂ S content of raw gas:				
Approved (max.):	%	Actual (max.):	%	Actual (avg.): %
Total sulphur flared:	tonnes	[= 1.35592(%H ₂ S ÷ 100)(flared vol.)]		
Flaring dates:				
Management plan required? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Meteorological monitoring conducted? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide electronic copy of monitoring report)				
Air monitoring conducted? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide electronic copy of monitoring report)				
Exceedances of the Alberta ambient air quality objectives (H ₂ S or SO ₂)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide comments)				
Comments:				
AER field centre notification date:		Field centre contact:		
Were there any problems while flaring? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, was the field centre contacted? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide contact name:				
Comments:				
Company representative:				
Phone no.:	E-mail:	Fax no.:		
Signature:				