

FORM A-2: NOTIFICATION OF FLOWBACK FLUID AND FRAC SAND DISPOSAL

1. WELL INFORMATION									
OWNER NAME							Well Licence Number:		
Well Licensee:									
Surface Location:	LX	LSD	SEC	TWP	RGE	MER	Disposal Date:	DATE	MONTH YEAR
						W			
2. COMPANY INFORMATION									
OPERATOR CONTACT							CHOOSE THE APPROPRIATE SEM FIELD OFFICE TO SUBMIT FORM		
							<input type="checkbox"/> AREA 1 LLOYDMINSTER		
COMPANY NAME							<input type="checkbox"/> AREA 2 KINDERSLEY		
							<input type="checkbox"/> AREA 3 SWIFT CURRENT		
PHONE NUMBER							<input type="checkbox"/> AREA 4 ESTEVAN FAX		
EMAIL ADDRESS									
3. FRAC FLUID SYSTEM INFORMATION									
FRAC FLUID SYSTEM TYPE			ADDITIVE INFORMATION				CONTAINMENT FEATURES		
<input type="checkbox"/> WATER BASED			<input type="checkbox"/> OIL				<input type="checkbox"/> OPEN TOP TANK		
<input type="checkbox"/> FOAM			<input type="checkbox"/> ACID				<input type="checkbox"/> ENCLOSED TANK		
<input type="checkbox"/> MIXED-BASED			<input type="checkbox"/> METALS				TANK SPACING		
<input type="checkbox"/> CROSSLINKED			<input type="checkbox"/> TDGR DANGEROUS GOODS				<input type="checkbox"/> 23 METRES FROM WELL HEAD		
<input type="checkbox"/> POLYEMULSION			<input type="checkbox"/> AECB REGULATED MATERIAL				<input type="checkbox"/> 45 METRES FROM WELL HEAD		
<input type="checkbox"/> OIL BASED									
4. FLOWBACK FLUID DISPOSAL INFORMATION					5. FRAC SAND DISPOSAL INFORMATION				
TOTAL FLUIDS VOLUME m ³					TOTAL FRAC SAND VOLUME m ³				
DISPOSAL METHOD WPF/MRO					DISPOSAL METHOD WPF/MRO				
<input type="checkbox"/> WASTE PROCESSING FACILITY					<input type="checkbox"/> WASTE PROCESSING FACILITY				
<input type="checkbox"/> COMPANY OWNED DISPOSAL WELL					<input type="checkbox"/> ML1 DISPOSAL				
SPECIFY LOCATION & MRO NO.:					<input type="checkbox"/> MUNICIPAL LANDFILL (SPECIFY MUNICIPALITY)				
					<input type="checkbox"/> NON-SEM APPROVED LANDFARM (SPECIFY COMPANY)				
					<input type="checkbox"/> OTHER METHOD (SPECIFY)				
					SPECIFY: _____				
<input type="checkbox"/> 3RD PARTY DISPOSAL WELL					<input type="checkbox"/> ML2 DISPOSAL				
pH: _____					<input type="checkbox"/> COMMERCIAL LANDFILL (COMPANY AND LOCATION)				
FLASH POINT: _____ °C					<input type="checkbox"/> SEM APPROVED LANDFARM (SPECIFY WPF NO.)				
SPECIFY LOCATION & MRO NO.:					<input type="checkbox"/> RSD METHOD (SUBMIT FORM A-1)				
					<input type="checkbox"/> OTHER METHOD (SPECIFY)				
					SPECIFY: _____				
6. FRAC SAND ANALYTICAL INFORMATION FOR ML1 AND ML2 DISPOSAL METHOD									
pH		SODIUM ADSORPTION RATIO				TOTAL EXTRACTABLE HYDROCARBON mg/kg			
ELECTRICAL CONDUCTIVITY dS/m		FLASH POINT °C				MICROTOX <input type="checkbox"/> PASS <input type="checkbox"/> FAIL			
7. CERTIFICATION INFORMATION									
The operator shall submit this form within 30 days of completion of the frac operation as part of the frac report.									
I hereby certify that I am authorized to represent the above mentioned well licensee and I certify that the information submitted herein application is correct and accurate to the best of my knowledge. I understand that if the flowback fluid and/or frac sand is/are disposed incorrectly (disposed in a manner contrary to this guideline, other applicable waste management guidelines or applicable regulatory/legislative requirements) the well licensee will be responsible to implement mitigative measures prescribed by Saskatchewan Energy and Mines.									
NAME (PRINT):					SIGNATURE:				