

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					TOTAL FRAC SAND VOLUME					
m ³					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 LOACTION)					
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			FLASH POINT			MICROTOX				
dS/m			°C			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL				
7. CERTIFICATION INFORMATION										
<p>The operator shall submit this form within 30 days of completion of the frac operation as part of the frac report.</p> <p>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.</p>										
NAME (PRINT):					SIGNATURE:					