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Evidence

Statement of Demonstrable Error

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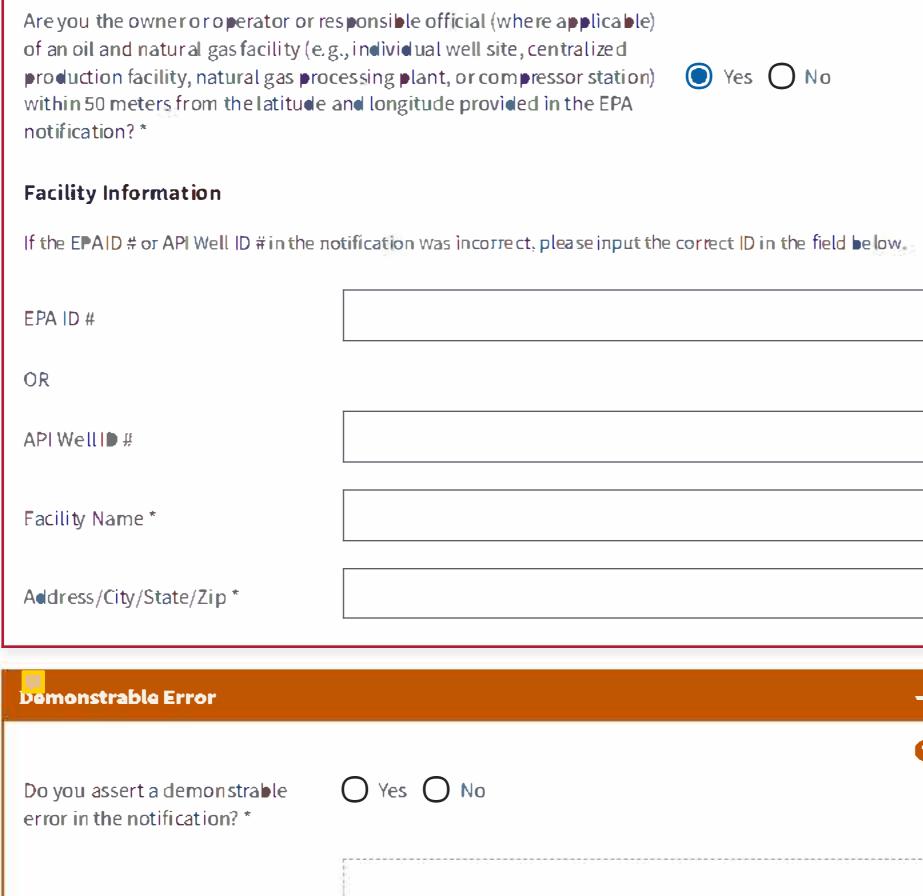
## **Owner/Operator Response Form**

**Laws & Regulations** 

This form allows owners/operators to respond to the notification of a methane super emitter event at their wellsite or facility. — Collapse All + Expand All

FEnt of Contact Information Email \* Point of Contact Name \* Phone Alternate Contacts (email) tification Information Notification Report ID \* **Notification Coordinates** Latitude: 35.1789 Longitude: -147.2569

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(required if asserting a demonstrable error)		A
Epplicability and Identification		
Is there an affected facility or associated equipment subject to regulation under NSPS 0000, NSPS 0000b, and/or a State or Federal Plan implementing 0000c at this oil and gas facility? *	Yes No	2
Did you identify the source of the super emitter event? *	○ Yes ○ No	

Drag file here or choose from folder

3

Is this emission event ongoing? *	○ Yes ○ No	2
<mark>≶</mark> atus and Response Plan		_
Please identify by citation the applicable regulation(s) within each applicable subpart and/or plan (Wr te "Not Appl cable" if checking "None" above) *		À
Is the source subject to regulation under NSPS 0000, NSPS 0000a, NSPS 0000b, and/or a State, Tribal or Federal Plan implementing 0000c? *	O0000 O000a O000b O000c None	
What was the source of the emission? *		

What day did the emission event end? If the date is unknown, an	mm/dd/yyyy	
estimate should be provided. (required if no to previous question)		
Is the above date an estimate? (required if the emission is ended)	○ Yes ○ No	
What time?		
What time zone?	No Restrictions	\$
Targeted End Date (required if emission is ongoing)	mm/dd/yyyy	
Provide a short narrative of your plan to end the super-emitter event *		
Response Narrative Attachment(s)	Drag fil e here or <u>choose from folder</u>	
Sparch for Source		_
Did you conduct the applicable investigations listed in (d)(2)(i)-	<ul> <li>(i) Review any maintenance activities or process activities</li> <li>(ii) Review all monitoring data from control devices</li> <li>(iii) Review the results of a fugitive emissions survey or periodic screening event</li> </ul>	2

(V):	(iv) Review continuous monitoring data	
	(v) Screen the entire oil and natural gas facility with ●GI, Method 21 or an alternative test method	
Alternative Test Method(s) approved per § 60.5398b(d), such as MATM-XXXX		
What day was this investigation? *	mm/dd/yyyy	
What time?		
What time zone?	No Restrictions	\$
	estigations specified in paragraph (d)(2)(i) through (v) of this or all affected facilities and associated equipment subject to this natural gas facility. *	S
ptional Additions		
Do you wish to self report a data ele displayed alongs ide data from the	· —	
Data Elements		
Facility Name	<b>\$</b>	
Quantification	<b>\$</b>	

+Add Data Element	
f there are additional comments or documentation you wish to provide, please do so below.	
Attachment(s)	Drag fil e here or <u>choose from folder</u>
` '	
testation	
testation  certify that the information event was prepared under movere conducted, and this replaced. Based on my professionathe assessment, the certifications	provided in this report regarding the specified super-emitter by direction or supervision. I further certify that the investigations port was prepared pursuant to the requirements of \$60.5371b(d) and alknowledge and experience, and inquiry of personnel involved in action submitted herein is true, accurate, and complete. I am aware ents may be punishable by fine or imprisonment.

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Last updated on February 28, **Data Refresh Information**