***CUSTOMER NEW WELL / FACILITY FORM***

**This form is to be completed by the Customer for each new well / facility that delivers production to a SemCAMS operated facility.**

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| **IDENTIFY THE PURPOSE OF THE FORM** |
| New Well – Complete Sections 1,2,3,4,5,6,7,8,10,11,12,13,14 |
| New Down Stream Facility – Complete Sections 3,7,8,9,10,11 |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **WELL INFORMATION** | | | | | | |
| Company (Legal Name) | |  | | | | |
| Unique Well Identifier (UWI) | |  | | | | |
| Surface Location (LSD) | |  | | | | |
| Well Name | |  | | | | |
| Legal Owner | |  | | | | |
| Legal Operator | |  | | | | |
| Physical Operator | |  | | | | |
| Field Name | |  | | | | |
| Pool Name | |  | | | | |
| Well Drill Type | | Vertical Drill  Horizontal | | | | |
| SemCAMS Pipeline System | |  | | | | |
| Specific Tie-in Location | |  | | | | |
| Can production be rerouted to an alternate pipeline? | | Yes  No | | Alternate Pipeline: | | |
| Anticipated Startup Date | | Click here to enter a date. | | | | |
| 1. **WELL OWNERSHIP** | | | | | | |
| Company | | | Ownership | Company | | Ownership |
|  | | | % |  | | % |
|  | | | % |  | | % |
|  | | | % |  | | % |
|  | | | % |  | | % |
| 1. **CONTACT INFORMATION** | | | | | | |
|  | Contact Name | | | Phone Number | E-mail Address | |
| BD / JV |  | | |  |  | |
| Foreman |  | | |  |  | |
| Operator |  | | |  |  | |
| Production Accountant |  | | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **WELL PRODUCTION INFORMATION – ANTICIPATED** | | | | | | | | | | | | |
| Gas | | e3m3/day | | | | | | | | | | |
| Condensate (C5+) | | m3/day **NOTE: Injection of liquids require SemCAMS Approval** | | | | | | | | | | |
| LPG (C3+) | | m3/day **NOTE: Injection of liquids require SemCAMS Approval** | | | | | | | | | | |
| Water | | m3/day **NOTE: Injection of liquids require SemCAMS Approval** | | | | | | | | | | |
| Crude Oil | | m3/day **NOTE: Injection of liquids require SemCAMS Approval** | | | | | | | | | | |
| H2S Content:       Mol % | | CO2 Content:       % | | | | | | Flowing Pressure:       kPag | | | | |
| 1. **WELL SITE EQUIPMENT INFORMATION** | | | | | | | | | | | | |
| Type of Well Facility | 2 Phase Separator | | | 3 Phase Separator | | | | | | Effluent | | |
| Gas Measurement | Chart Recorder | | | EFM | | | | | |  | | |
| Condensate | Tanked | | | Recombined | | | | | | EFM | | |
| Water | Tanked | | | Recombined | | | | | | EFM | | |
| Fuel Gas | Site Supplied  Other (specify): | | | | | | | | | | | |
| If fuel gas is site supplied, tap location in relation to receipt point meter: Upstream  Downstream | | | | | | | | | | | |
| Fuel Gas Metered: Yes  No | | | | | | | | | | | |
| Meter Type (Specify): | | | | | | | | | | | |
| Estimate of Fuel Gas if no meter is Installed:       e3m3/day | | | | | | | | | | | |
| 1. **WELL SITE CHEMICALS** | | | | | | | | | | | | |
| Chemicals Injected | Methanol | | | Corrosion Inhibitor | | | | | | Other | | |
| If Other (specify): | | | | | | | | | | | |
| Injection Point: | | | | | | Chemical Type: | | | | | |
| **NOTE: Injection of Frac fluids, solvents, inhibitor batch chemicals, nitrogen, etc. is not permitted into SemCAMS pipeline or facilities.** | | | | | | | | | | | | |
| 1. **DOWNSTREAM FACILITIES** | | | | | | | | | | | | |
| Is the facility operated by a party other than SemCAMS downstream of the well? | | | | Yes – Complete sections 8,9,10 | | | | | | | | |
| No – Go directly to section 11 (skip 8,9,10) | | | | | | | | |
| 1. **DOWNSTREAM FACILITY INFORMATION** | | | | | | | | | | | | |
| Downstream Facility | | | | Existing – Complete sections 8,11,12,13,14 | | | | | | | | |
| New – Complete sections 8,9,10,11,12,13,14 | | | | | | | | |
| Company (Legal Name) | |  | | | | | | | | | | |
| Surface Location (LSD) | |  | | | | | | | | | | |
| Facility Name | |  | | | | | | | | | | |
| Legal Operator | |  | | | | | | | | | | |
| Physical Operator | |  | | | | | | | | | | |
| SemCAMS Pipeline System | |  | | | | | | | | | | |
| Specific Tie-in Location | |  | | | | | | | | | | |
| Can production be rerouted to an alternate pipeline? | | Yes  No | | Alternate Pipeline: | | | | | | | | |
| Anticipated Startup Date | | Click here to enter a date. | | | | | | | | | | |
| 1. **DOWNSTREAM FACILITY EQUIPMENT INFORMATION** | | | | | | | | | | | |
| Type of Facility | 2 Phase Separator | | | 3 Phase Separator | | | | | | Effluent | |
| Dehydrator | | | Compressor | | | | | | Line Heater | |
| Gas Measurement | Chart Recorder | | | EFM | | | | | |  | |
| Condensate | Tanked | | | Recombined | | | | | | EFM | |
| Water | Tanked | | | Recombined | | | | | | EFM | |
| Fuel Gas | Site Supplied  Other (specify): | | | | | | | | | | |
| If fuel gas is site supplied, tap location in relation to receipt point meter: Upstream  Downstream | | | | | | | | | | |
| Fuel Gas Metered: Yes  No | | | | | Type (specify): | | | | | |
| Estimate of Fuel Gas if no meter is Installed:       e3m3/day | | | | | | | | | | |
| 1. **DOWNSTREAM FACILITY CHEMICALS** | | | | | | | | | | | |
| Chemicals Injected | Methanol | | | Corrosion Inhibitor | | | | | | Other | |
| If Other (specify): | | | | | | | | | | |
| Injection Point: | | | | | Chemical Type: | | | | | |
| **NOTE: Injection of Frac fluids, solvents, inhibitor batch chemicals, nitrogen, etc. is not permitted into SemCAMS pipeline or facilities.** | | | | | | | | | | | |
| 1. **PRODUCTION ACCOUNTING / PRODUCT ALLOCATION** | | | | | | | | | | | |
| Production Accounting / Facility AER Reporting by | | Producer or Representative | | | | | | | SemCAMS | | |
| Daily Volumetric Production reporting Method | | SemCAMS SCADA | | | Fax | | | | | | E-mail |
| Customer SCADA | | | Other (Specify): | | | | | | |
| 1. **ADDITIONAL REQUIREMENTS** | | | | | | | | | | | |
| Please ensure the following documentation is provided to the SemCAMS prior to start up: | | | | | | | | | | | |
| * Initial gas, condensate (if condensate recombined with gas) and water analysis | | | | | | | | | | | |
| * Metering schematic for lease / receipt point | | | | | | | | | | | |
| * Meter calibration reports for receipt point meter and fuel meter (if applicable) | | | | | | | | | | | |
| * Initial liquid meter proving reports (where liquids are recombined with gas) | | | | | | | | | | | |
| * Provide 72 hour notification to SemCAMS prior to startup. | | | | | | | | | | | |
| **Note: The new well will not be allowed to produce until all of the transportation and processing agreements are executed by the well owners for all facilities where they do not have an ownership. It is the responsibility of the well operator to identify all well owners on this form so that SemCAMS can forward the necessary agreements.** | | | | | | | | | | | |
| 1. **CUSTOMER SIGN-OFF** | | | | | | | | | | | |
| Form Completed by | | |  | | | | | | | | |
| Position | | |  | | | | | | | | |
| Date Form Completed | | | Click here to enter a date. | | | | | | | | |
| 1. **ADDITIONAL COMMENTS** | | | | | | | | | | | |
|  | | | | | | | | | | | |

**\*FOR INTERNAL USE ONLY\***

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| --- | --- | --- | --- | --- | --- | --- |
| **STATUS:** Choose an item. | | | | | | |
| 1. **WELL RECEIPT POINT INFORMATION** | | | | | | |
| Entity | Well | | Oil Well | | | Facility |
| CGAP | | | PGAP | | |
| Inspection Required: Yes  No | | | | | |
| SemCAMS Facilities | Plant: Choose an item. | | | Inlet: | | |
| Production Gathering Path |  | | | | | |
| If Status= “Revision” (specify) |  | | | | | |
| Actual Startup Date | Click here to enter a date. | | | | | |
| Initial Analysis Provided | Yes  No  or Substituted Composition UWI: | | | | | |
| 1. **METERING SCHEMATIC – WELL SITE** | | | | | | |
| Is the facility a standard configuration? | | Yes  No | | | | |
| If “Yes” what is the configuration | | M       F       R | | | | |
| 1. **PGAS CONFIGURATION** | | | | | | |
| Choose an item. | | | | | | |
| 1. **METERING SCHEMATIC – DOWNSTREAM FACILITY** | | | | | | |
| Is the facility a standard configuration? | | Yes  No | | | | |
| If “Yes” what is the configuration | | M       F       R | | | | |
| 1. **SIGN-OFF** | | | | | | |
| **Form Completed by** | | Choose an item. | | | | |
| **Date Form Completed** | | Click here to enter a date. | | | | |
| **Comments:** | | | | | | |
| **Necessary Approvals and Contracts in Place** | | **Confirmed By** | | | **Date** | |
| All Transportation and Processing Agreements | | Choose an item. | | | Click here to enter a date. | |
| Take-In-Kind (TIK) in place for all Customer | | Choose an item. | | | Click here to enter a date. | |
| SemCAMS Notice of Agent Agreement | | Choose an item. | | | Click here to enter a date. | |
| Process in place for Daily Production Reporting | | Choose an item. | | | Click here to enter a date. | |
| Business Development Supervisor Approval | | Choose an item. | | | Click here to enter a date. | |