Natural Gas Well Completion Two Day Notification
E-mail to: DEPOilandGasSector@wv.gov
New Source Performance Standards for Crude Oil and Natural Gas Production, Transmission and Distribution "**NSPS OOOO**"

SECTION I: GENERAL INFORMATION

XTO ENERGY
Owner or Operator Name — Division of Air Quality ID Number (If Available)

480 INDUSTRIAL PARK RD P.O. BOX 1008
Street Address

JANE LEW — WV — 26378
City — State — ZIP Code

DAN TOMLEY — DAN_TOMLEY@XTOENERGY.COM — 724-772-3500
Facility Local Contact Name — E-Mail — Telephone Number

Signature — 12/21/12
Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- [x] Route flowback gas to a completion combustion device
- [ ] Reinject into the well or another well
- [ ] Other _____
- [ ] Use on-site as a fuel source;
- [ ] Route flowback gas to a salable gas pipeline

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits)	Planned date of the beginning of "Flowback"	Anticipated date of well completion
4704902161	BRENNAN A 1H	39.50038 -80.29559	1/2/13	1/21/13
4704902162	BRENNAN A 2H	39.50039-80.29555	1/2/13	1/21/13
4704902166	BRENNAN A 3H	39.50041-80.29549	1/2/13	1/21/13
4704902210	BRENNAN A 5H	39.50037-80.29562	1/2/13	1/21/13
4704902209	BRENNAN A 7H	39.50037-80.29565	1/2/13	1/21/13

[Add rows to the table for additional wells, as necessary]