COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

AREA OF REVIEW HYDRAULIC FRACTURING COMMUNICATION INCIDENT REPORT INSTRUCTIONS (Unconventional Operations Only)

GENERAL INFORMATION

The following instructions are designed to assist the applicant in properly completing the *Area of Review Hydraulic Fracturing Communication Incident Report (unconventional operations only)* form. Pursuant to 25 Pa. Code Section 78a.73 (relating to General Provision for Well Construction and Operation), unconventional operators who are stimulating wells by way of hydraulic fracturing are required to notify the Department of Environmental Protection (DEP) upon confirmation of a hydraulic fracturing communication incident. Following notification, an incident report must be provided to DEP. Incident reports must be electronically filed within either 3 or 30 days of when the operator first becomes aware of the hydraulic fracturing communication incident. The reporting deadline is dependent upon the nature of the incident and details are provided in DEP's *Guidelines for Implementing Area of Review (AOR) Regulatory Requirement for Unconventional Wells*, Technical Guidance No. 800-0810-001.

To complete the *Area of Review Hydraulic Fracturing Communication Incident Report*, unconventional operators must download the electronic form from the DEP website and use it to compile incident information. Upon completion of the incident report, the operator must submit the information electronically to the DEP inspector responsible for the well where hydraulic fracturing was taking place at the time of the incident. In certain cases, operators may be required to complete additional activities to resolve the communication incident. When completing the form, please note that a separate line must be used for each unique well that was communicated with.

INSTRUCTIONS

Enter the US Well Number or API number assigned to the well that was undergoing hydraulic fracturing at the time of the communication incident. Use the following format: CCC-XXXXX. CCC represents the three-digit county code and XXXXX represents the unique, 5-digit county ID. The sections of the API number must be separated by a dash (-).

If a US Well Number or API number has been assigned to the well where the communication incident was observed, enter it in the space provided using the format described above. If no API number has been assigned to the well, either enter the ID from the *Area of Review Report Summary Table* that was previously submitted or if the well was not identified as part of the area of review survey and does not have an API number, use the following nomenclature: (C1, C2, C3, etc.). Next, if an adjacent operator's well was involved in the communication incident, provide the OGO number for that operator. Leave this space blank if the operator is the same as the operator who was conducting hydraulic fracturing activities. Indicate "No RP" if the well does not have an operator associated with it.

Enter the start date, which is the date when the communication incident was first confirmed, in MM/DD/YYYY format. In the end date column, enter the date incident control was established at the well where the communication incident was observed, i.e., environmental or safety concerns mitigated. Use MM/DD/YYYY format. Leave blank if the incident has not yet been resolved when the report is submitted.

In the environmental/safety/well control incident column, indicate "Y" if a surface release, water supply impact, other environmental impacts, or a well control or other safety incident has occurred; otherwise indicate "N."

Please choose the type of hydraulic fracturing communication incident from the list of available options: stimulation to operating well, stimulation to well being drilled, stimulation to abandoned/orphan well, stimulation to inactive well, stimulation to plugged well, or other.

For the column labeled adjacent lateral effects, indicate "Y" if the communication originated at a horizontal well and if intervening horizontal wells fall between the source of the communication and the well where the communication incident was observed, otherwise indicate "N."

Provide the latitude and longitude in decimal degrees. This should be North American Datum of 1983 (NAD 83) and must meet the current DEP policy regarding locational accuracy (+/- 10 m) for any surface hole location information provided.

- The midpoint of the stage where hydraulic fracturing was taking place when the communication incident was observed. If a vertical well was being hydraulically fractured, indicate the surface hole location.
- The surface hole location of the receiving well where the communication incident was observed. This field applies for vertical wells or when the vertical section of an intentionally deviated well is the point of entry for pressure/fluids associated with the well undergoing hydraulic fracturing, and should be left blank if neither of those criteria is satisfied.
- The bottomhole location or the bit location of the receiving well where the communication incident was observed. The bit location applies only when the well is in the process of being drilled, otherwise indicate the bottomhole location. This field applies for intentionally deviated wells only and should be left blank if the communication incident is associated with a vertical well or the vertical section of an intentionally deviated well.
- The landing point of the receiving well where the communication incident was observed. This field applies for intentionally deviated wells only and should be left blank if the communication incident is associated with a vertical well or the vertical section of an intentionally deviated well.

Provide the volume of the kick, in barrels (bbls), circulated out of the well where the communication incident was observed. This field only applies to offset-well drilling scenarios when a kick was detected in association with the hydraulic fracturing communication incident and should be left blank when the offset well was not in the process of being drilled, or if it was not necessary to circulate out a kick.

The next three spaces apply to the stage of the well that was being hydraulically fractured at the time of the communication incident and must always be completed:

- Enter the volume of fluid pumped, in bbls.
- Provide the maximum treatment pressure, in pounds per square inch (psi).
- Provide the average treatment pressure, in psi.

Indicate "Y" for abnormal treatment volumes noted, if the treatment volume of the stage being hydraulically fractured at the time of the communication incident was significantly higher compared to adjacent stages; otherwise indicate "N."

Indicate "Y" for abnormal treatment pressures noted, if the treatment pressure of the stage being hydraulically fractured at the time of the communication incident was significantly higher compared to adjacent stages; otherwise indicate "N."

Indicate "Y" if the presence of faults or other geologic anomalies was noted in the intervening area between the well that was being hydraulically fractured and the well that was communicated with, otherwise indicate "N." If faults or geologic anomalies were noted, provide the azimuth of the dominant orientation of the fault/geologic anomaly in the horizontal plane (0 to 360 degrees). If no faults or geologic anomalies were noted, this space should be left blank.

Provide additional details related to the incident, as needed. Limit description to 255 characters or less.