API # of Hydraulically Fractured Well	**API #/ID of Well that Experienced Communication**	**Adjacent Operator**	**Start Date**

End Date	Environmental/ Safety Incident	Communication Type

Communication Cross-over Any Other Laterals Without Noted Affect	**Latitude DD of Stage Midpoint for Well Undergoing Hydraulic Fracturing**	**Longitude DD of Stage Midpoint for Well Undergoing Hydraulic Fracturing**	**Latitude DD of Receiving Well**

Longitude DD of Receiving Well	Bottom Hole/Bit Location Latitude DD of Receiving Well	Bottom Hole/Bit Location Longitude DD of Receiving Well	Landing Point Latitude DD of Receiving Well	Landing Point Longitude DD of Receiving Well	Kick Volume

Frac Stage Fluid Volume	Max Treatment Pressure	Average Treatment Pressure	Abnormal Treatment Volumes Noted	Abnormal Treatment Pressures Noted

Any Faults Present or Geologic Anomalies Noted	**Orientation of Fault in Horizontal Plane**	**Brief Description**		

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

AREA OF REVIEW HYDRAULIC FRACTURING COMMUNICATION INCIDENT REPORT INSTRUCTIONS FOR UNCONVENTIONAL OPERATIONS Form 8000-PM-OOGMXXXX

GENERAL INFORMATION

Oil and gas operators who are planning to drill new oil or gas wells are required under 25 Pa. Code Chapter 78a, §78a.73, to discontinue hydraulic fracturing activities and notify the Department of Environmental Protection (DEP) upon confirmation of a hydraulic fracturing communication incident. Following notification, an incident report must be provided for DEP to evaluate as authorization to recommence hydraulic fracturing activities is considered.

To complete the incident report, unconventional operators must download electronic form 8000-PM-OOGMXXXX and use it to compile the required information. Upon completion of the incident report, the operator must submit the information to DEP electronically through the DEP website. In certain cases, operators may be required to complete additional activities to resolve the communication incident and recommence hydraulic fracturing at the well.

INSTRUCTIONS

API # of Hydraulically Fractured Well

Enter the API # 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 (-).

API #/ID of Well that Experienced Communication

Enter the API #, if known, or ID from Area of Review Report Summary Table of well that was communicated with. If the well was not identified as part of AOR survey and does not have API#, use the following nomenclature: (“C1”, “C2”, “C3”, etc.). If multiple wells were communicated with, use as many lines as are necessary.

Adjacent Operator

If an adjacent operator’s well was involved in the communication incident, provide the OGO Number for that operator. Leave blank if same as the operator that was conducting hydraulic fracturing activities. Indicate "No RP" if well does not have an operator associated with it.

Start Date

Enter the date that the communication incident was first observed in “MM/DD/YYYY” format.

End Date

Enter the date incident control was established at well that experienced the communication incident, i.e., environmental or safety concerns mitigated. Leave blank if incident is ongoing when the report is submitted. Use “MM/DD/YYYY” format.

Environmental/Safety Incident

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."

Communication Type

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."

Communication Cross-over Any Other Laterals Without Noted Affect

Indicate "Y" if communication originated at horizontal well and intervening horizontal wells fall between the source of the communication and the receiving well, otherwise indicate "N."

Latitude DD of Stage Midpoint for Well Undergoing Hydraulic Fracturing

Provide the stage midpoint latitude in decimal degrees of the stage being hydraulically fractured when the communication incident occurred. If a vertical well was being hydraulically fractured, indicate the top hole location. This must reference NAD 83 datum.

Longitude DD of Stage Midpoint for Well Undergoing Hydraulic Fracturing

Provide the stage midpoint longitude in decimal degrees of the stage being hydraulically fractured when the communication incident occurred. If a vertical well was being hydraulically fractured, indicate the top hole location. This must reference NAD 83 datum.

Latitude DD of Receiving Well

Provide the latitude in decimal degrees representing the surface hole location of the well that experienced the communication incident. This applies for vertical wells or when the vertical section of an intentionally deviated well experiences the communication incident. This must reference NAD 83 datum.

Longitude DD of Receiving Well

Provide the longitude in decimal degrees representing the surface hole location of the well that experienced the communication incident. This applies for vertical wells or when the vertical section of

an intentionally deviated well experiences the communication incident. This must reference NAD 83 datum.

Bottom Hole/Bit Location Latitude DD of Receiving Well

Provide the latitude in decimal degrees of the well that experienced the communication incident. If being drilled, indicate the bit location, otherwise indicate bottom hole location. This field applies for intentionally deviated wells only. This must reference NAD 83 datum.

Bottom Hole/Bit Location Longitude DD of Receiving Well

Provide the longitude in decimal degrees of the well that experienced the communication incident. If being drilled, indicate the bit location, otherwise indicate bottom hole location. This field applies for intentionally deviated wells only. This must reference NAD 83 datum.

Landing Point Latitude DD of Receiving Well

Provide the landing point latitude in decimal degrees of the well that experienced the communication incident. This field applies for intentionally deviated wells only. This must reference NAD 83 datum.

Landing Point Longitude DD of Receiving Well

Provide the landing point longitude in decimal degrees of the well that experienced the communication incident. This field applies for intentionally deviated wells only. This must reference NAD 83 datum.

Kick Volume

Provide the volume of the kick circulated out in barrels of the well that experienced the communication incident. This field only applies for offset drilling scenarios.

Frac Stage Fluid Volume

Provide the volume of the frac stage in barrels that was being hydraulically fractured at the time of the communication incident.

Maximum Treatment Pressure

Provide the maximum treatment pressure in pounds per square inch (psi) of the frac stage that was being hydraulically fractured at the time of the communication incident.

Average Treatment Pressure

Provide the average treatment pressure in psi of the frac stage that was being hydraulically fractured at the time of the communication incident.

Abnormal Treatment Volumes Noted

Indicate "Y" 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."

Abnormal Treatment Pressures Noted

Indicate "Y" 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."

Any Faults Present or Geologic Anomalies Noted

Indicate "Y" if the presence of faults or other geologic anomalies were observed, otherwise indicate "N."

Orientation of Fault in Horizontal Plane

If any faults are present, provide azimuth in 0 to 360 degrees.

Brief Description

Provide additional notable details related to incident. Limit description to 255 characters or less.