COLUSA COUNTY AIR POLLUTION CONTROL DISTRICT
ANNUAL SURVEY FORM
GASWELLS

Company name: _____

Company location: _____

Mailing address: _____

Company contact: _____ Telephone: _____ E-mail address: _____

Total number of wells in the County	Operating	Shut in	Calendar year of information reported: _____

Please provide the following information

Well Name* List all gaswells	Section/ Township/ Range/ Qtr Section	Equipment List** Include make/model	Gas *** thruput (mcf/yr)	ICE rated HP	ICE actual HP	# stages in compressor	2 or 4 cycle ICE	Lean or rich burn ICE	Suction pressure (psig)	Discharge pressure (psig)	Dehy & Heater fuel use (ft3/hr)	Rated Btu/hr Dehy & Heater	Total operating hrs/year for compressor

Total manufacturer rated HP of ICEs:_____ Total actual HP of ICEs: _____ Total yearly fuel use of heaters and dehydrators:_____ *Indicate master meter locations with MM **Equipment List: D = Dehydrator H = Heater-Separator I = IC Engine ***Supply coefficients for circular red-line ~ blue-line meters. Use the back of this form for additional comments or clarification