



South Coast Air Quality Management District
 Form 222-OW
 Registration for Oil & Gas Production Wells

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

South Coast AQMD Complete one form per 4 well heads or less.

Section A - Operator Information

1. Facility Name (Business Name of Operator):	2. Valid AQMD Facility ID (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator): Check here if change of operator	_____

Section B - Equipment Location Address Section C - Business Mailing Address

4. Equipment Location Is: Fixed Location Various Location (For equipment operated at various locations, provide main facility address.)	5. Correspondence Information: Check here if same as equipment location address
Street Address _____, CA _____	Address _____
City _____ Zip _____	City _____ State _____ Zip _____
Contact Name _____ Title _____	Contact Name _____ Title _____
Phone # _____ Ext. _____ Fax # _____	Phone # _____ Ext. _____ Fax # _____
E-Mail: _____	E-Mail: _____

Section D - Equipment Information

Rule 222(c)(20) OIL PRODUCTION WELL GROUP is no more than four well pumps located at a facility subject to Rule 1148.1 — Oil and Gas Production Wells at which crude petroleum production and handling are conducted, as defined in the Standard Industrial Classification Manual as Industry No. 1311, Crude Petroleum and Natural Gas. *(Amended May 3, 2013)*

6. Number of Production Well Cellars: _____
 Number of Well Heads: _____
 Gas (MCF/Year): _____
 Oil (BBL/Year): _____

*Fees are updated on July 1 of each year.
 For current fees, please see Rule 301 or go to [Rule 222 Filing Program Web Page](#).*

Section E - Authorization/Signature *I hereby certify that all information contained herein and information submitted with this application are true and correct.*

7. Signature of Responsible Official:	8. Title of Responsible Official:
9. Print Name:	10. Date:

11. Check List: Authorized Signature/Date Fees Enclosed

AQMD USE ONLY	APPLICATION TRACKING #		EQUIPMENT CATEGORY CODE:	FEE \$	VALIDATION
DATE	A R ENG.A R DATE	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$
					TRACKING #