



**State Emergency  
Response Commission**

## Oil and Gas Well Production and/or Storage Form

4.1 Parent Company Name:

4.2 For filing date: 3/1/ \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Address:

City:

State:

Zip:

Spreadsheet of facility information attached  Yes  No

4.2  Check if Revision

4.3  Site Map Attached (Optional)

4.4  Check here if storage location and facility map are confidential

5.0 Chemical Description					Physical and Health Hazards	Storage Locations	Type of Storage (Table II)	Storage Conditions (Table III)		Inventory Amt. (lbs. or range code from Table I)											
								Temp	Pressure	Max. Amount	Avg. Daily Amount	Days Onsite									
1	<input type="checkbox"/> Pure	EHS <input type="checkbox"/> Yes	Trade Secret <input type="checkbox"/> Yes	<input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	1.															
	<input type="checkbox"/> Mixture	<input type="checkbox"/> No	<input type="checkbox"/> No																		
	Chemical Name:												<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive  <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	2.							
	CAS No.																				
	If mixture, Name of EHS(s) Name:																			Maximum Amount of each EHS in the Mixture Range Code:	3.
CAS No.																					
Non-EHS(s) Name (optional):					4.																

2	<input type="checkbox"/> Pure	EHS <input type="checkbox"/> Yes	Trade Secret <input type="checkbox"/> Yes	<input type="checkbox"/> Information is identical to last year	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	1.															
	<input type="checkbox"/> Mixture	<input type="checkbox"/> No	<input type="checkbox"/> No																		
	Chemical Name:												<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactive  <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	2.							
	CAS No.																				
	If mixture, Name of EHS(s) Name:																			Maximum Amount of each EHS in the Mixture Range Code:	3.
CAS No.																					
Non-EHS(s) Name (optional):					4.																

Table I: Range Values with Weight Range in Pounds

Table II: Storage Types

Table III: Pressure and Temperature Conditions

Range Value	From	To		
01	0	99	<ul style="list-style-type: none"> <li>Above Ground Tank</li> <li>Below Ground Tank</li> <li>Tank inside building</li> <li>Steel drum plastic or non-metallic drum</li> <li>Can</li> <li>Carboy</li> <li>Silo</li> <li>Fiber Drum</li> </ul>	<ul style="list-style-type: none"> <li>Bag</li> <li>Box</li> <li>Cylinder</li> <li>Glass bottles or jugs</li> <li>Plastic bottles or jugs</li> <li>Tote bin</li> <li>Tank wagon</li> <li>Rail car</li> <li>Battery</li> </ul>
02	100	499		
03	500	999		
04	1,000	4,999		
05	5,000	9,999		
06	10,000	24,999		
07	25,000	49,999		
08	50,000	74,999		
09	75,000	99,999		
10	100,000	499,999		
11	500,000	999,999		
12	1,000,000	9,999,999		
13	10,000,000	Greater than 10 million		

**PRESSURE**

- Ambient pressure;
- Greater than ambient pressure
- Less than ambient pressure

**TEMPERATURE**

- Ambient temperature
- Greater than ambient temperature
- Less than ambient temperature but not cryogenic
- Cryogenic conditions