

# User Reference Guide

Well Stimulation Submit Disclosure Form Module 3

# **Table of Contents**

С	OURSE OVERVIEW	. 3
		3
1	SUBMIT WELL STIMULATION DISCLOSURE FORM	. 4
	1.1 Submit a Well Stimulation Disclosure Form	4
	1.1.1 Key Points	20

# **COURSE OVERVIEW**

# **Course Description**

This training will describe how well stimulation information is tracked and maintained within the Well Stimulation capability. This includes, but is not limited to, managing alerts to operators, accepting applications and permits for well stimulation, notification of deadlines, recording testing data and the ability to receive documentation related to end of the treatment and post-simulation

# **1** SUBMIT WELL STIMULATION DISCLOSURE FORM

In this lesson you will learn how to submit a 72 Hour Notification Form.

Lesson Objectives:

• Submit a Well Simulation Disclosure

# **1.1 Submit a Well Stimulation Disclosure Form**

Home						8 Help
My Tasks Tasks Ale	erts Online Forms	Forms In Progress	Forms Submitted			
$\nabla$				▼ Advanced Filtering	disclo	¢
Form Name ↑		Form Category	Purpose	Version	Count	
Well Stimulation Disclosure		Well Stimulation	Create or maintain well stimulati disclosure data	on 1	1	
I ≥ 1 ≥ 1 ≥ 20	▼ items per page				Viewing 1 - 1 from 1 r	esults 💍

Step	Action	Required Fields
1.	From the Home screen, select Online Forms.	
2.	In the search bar on the right, type in "Well Stimulation	
	Disclosure".	
3.	Click on the blue hyperlink labeled <b>Well Stimulation Disclosure.</b>	

### Section 1. Form Information

#### Well Stimulation Disclosure

n Navigation	• Form I	nformation	[Hide Form Navigatio
orm Information	Ple	ase enter information below.	* Indicates Required Field
	F	orm Name	
	V	Vell Stimulation Disclosure	
	c	organization *	
		Aera Energy LLC (A0610) - Bakersfield, CA	•
	v	VST Permit # * 90313535 ▼	
	C	escription *	Θ
	Cancel	Save & Continue	

8 Help

Step	Action	Required Fields
1.	You will be taken to Section 1. Form Information page for Well	Organization
	Stimulation Information. Start by typing in the Organization Name	
	and search for the correct organization for the dropdown.	
2.	Select from the available WST Permit # from the dropdown.	WST Permit #
3.	Enter in a <b>Description</b> for this 72-Hour Notification Form.	Description
	<b>NOTE:</b> It is recommended to enter "Well Name/API, Facility Name	
	or Operator" in Description so that this information can also be	
	used to locate the form. Example: Lake View 2 030-12345	
4.	Click Save & Continue.	

# Section 2. Operator Information

Please confirm the correct Organization has been selected, and \* Indicates Required Field designate contact(s) with their correct role. By default, the Organization's Agent and the form submitter are selected as contacts. Type of Organization Organization Name Aera Energy LLC (A0610) Corporation Organization Primary Address 10000 Ming Avenue Bakersfield, CA 933111301 Organization Primary Phone Number Ext (661) 665-5325 Contacts Y Advanced Filtering Actions -Phone Number Email Role Add Contact Name 🕇 jayoung@aeraenergy.c Jeffrey Young Agent (661) 665-5693 Export - Excel omx Export - PDF martina.fisher@conserv Martina Fisher (916) 322-2008 Submitter

Step	Action	<b>Required Fields</b>
1.	Review organization details for correctness.	
	Note: changes cannot be made to organization details here.	
2.	Review contacts responsible for form completion and	
	submission.	
3.	If the person is not listed on the contacts list, click "Actions".	
4.	Click <b>"Add Contact".</b>	
5.	Complete contact info dialogue box that appears.	
6.	Click blue <b>"Update"</b> button.	
7.	Click "Next".	

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	Section	3.	Well	Information
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API	Wellb	ore Code	Type of Stimulation
0403026649	00		Hydraulic Fracturing
_ease	Well N	lumber	Well Status
90240921	751	DA-2	Plugged & Abandoned
Well Type	Confid	dential Well?	Plugback Depth MD (ft)
Oil & Gas	No		
Plugback Depth TVD (f	:) Origin	al Total Depth MD (ft)	Original Total Depth TVD
nitial Date of Productio	n		
nitial Date of Productio	n		
nitial Date of Productio .ocation Informatio	n Field		County
nitial Date of Production Occation Information Offshore/Onshore	n Field Belr	idge, South	<b>County</b> Kern
nitial Date of Production occation Information Offshore/Onshore No Section	n Field Belr Township	idge, South Range	County Kern Base Meridian
nitial Date of Production occation Information Offshore/Onshore No Section 02	n Field Belr Township 29S	idge, South Range 21E	County Kern Base Meridian
nitial Date of Production cocation Information Offshore/Onshore No Section 02 Latitude	n Field Belr Township 29S Longi	idge, South Range 21E tude	County Kern Base Meridian Critical Well?
nitial Date of Production cocation Information Offshore/Onshore No Section 02 Latitude 35.42916489	n Field Belr Township 29S Longi	idge, South Range 21E tude	County Kern Base Meridian Critical Well? No
nitial Date of Production cocation Information Offshore/Onshore No Section 02 Latitude 35.42916489	n Field Belr Township 29S Longi	idge, South Range 21E tude	County Kern Base Meridian Critical Well? No
nitial Date of Production cocation Information Offshore/Onshore No Section 02 Latitude 35.42916489	n Field Belr Township 29S Longi	idge, South Range 21E tude 0.68505096	County Kern Base Meridian Critical Well? No

Step	Action	Required Fields
1.	Verify all well information: API, Wellbore code, Type of	All required
	Stimulation, Lease Well Number, Well status, Well Type,	fields are auto
	Confidential status, Plug back depth (MD, TVD) Well TD, and	populated
	initial Production Date, have been auto populated, or filled in	
	correctly.	
2.	Verify all location onformation: OffShore/Onshore, Field, County,	All required
	Section, Township, Range, Base Meridian, Latitude, Longtitude, and	fields are auto
	confidential status has been auto populated, or filled in correctly.	populated
3.	Select whether this is the most recent information available or if a	
	supplemental form will be submitted after stimulation has been	
	completed.	
4.	Click <b>Next</b> to move to next section.	

Section: 4 Treatment Stage	Section:	4	<b>Treatment Stages</b>
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eatment Stage	es					[H	lide Form Nav	vigation]
Verify and ed	lit Treatment \$	Stage data, if	necessary.			* Indicate	s Required	Field
Treatme	nt Stages							•
					Y Advance	d Filtering	Actions -	۵
Stage	Тор ТУ	Botto	Height	Azimuth°	Format	Actions		
1	2030	2211	181	80	1100	Actions	]	
H A	L <sub>3</sub> 3	20	▼ items pe	rpage	Viev	ving 1 - 1 fror	n 1 results	C
Total Slur	ry Vol. (bbl)							
920								

Sten	Action	Required Fields
Jicp	Action	Required fields
1.	Click the <b>Actions</b> hyperlink within the table to edit an existing	
	stage.	
	Note: The stages will be pre-populated with the information	
	submitted in the Application for Well Stimulation form.	
2.	Click Actions button and click Create Record to add a new stage, if	
	required.	

reatment Stage Informati	on		×	Geology		
			* Indicates Required Field	Formation *	Formation Top TVD (ft) * Format	tion Top MD (ft) * Formation Bottom TVD
Please enter information below.						(ii)
Stage No.*					•	•
<b></b>				Zone 1 Bottom TVD (ft)	Zone 2 Bottom TVD (ft)	Zone 3 Bottom TVD (ft)
Start Date/Time *	End Date/Time*			▲ ▼	▲ ▼	<b>•</b>
6	9	<b>:</b> •		Field *		
				Belridge, South		•
Perforation Informatio	n 			Area *		
Top MD (ft) *	Top TVD (ft) *	Bottom MD (ft) *	Bottom TVD (ft) *			•
Ţ.	Ţ	Ţ	Ţ	Pool Code*		
Net Perforations (ft) *	Packer Depth MD (ft)	Packer Depth TVD (ft)				T
<b>*</b>	×	<b>A</b>		Maximum Fluid Volumes F	Proppant	
Fracture Geometry				Slurry Volume (bbl)*	Clean Fluid Volume (bbl)*	Proppant Concentration (ppg) *
Length (ft) *	Height (ft) *	Width (in)*	Azimuth <sup>°</sup> *	<b>A</b>	<b>A</b>	▲
* *	÷	* *	* *	•	•	¥
				MaximumTreatmentRateF	Pressure	
	1x ADSA Bottom T/D (#)		2x ADSA Bottom TJ(D (ff) *	Rate *	Surface Pressure (psi)*	Bottom Hole Pressure (psi)*
	AD SA BOTTOM IVD (ft)			A	▲	<b>A</b>
<b>.</b>	•	•	<b>.</b>	· · · · · · · · · · · · · · · · · · ·	· · · · ·	•
5× ADSA Top TVD (ft)*	5× ADSA Bottom TVD (ft)*					
Å	<b>A</b>					Cancel

Step	Action	Required Field
1.	Enter information: Stage Number, Stage Start/End	Stage Number, Stage
	Time/Date, Top (MD TVD), Bottom (MD TVD), Net	Start/End Time/Date,
	footage of Perforations, Packer depth (MD TVD), Fracture	Top (MD TVD),
	Geometry (Length, Height, Width, Azimuth), ADSA	Bottom (MD TVD),
	Dimensions (1x, 2x, 5x Top TVD, Bottom TVD), Geology	Fracture Geometry
	(Formation, Formation Top (MD TVD) Bottom (MD TVD),	(Length, Height,
	Zone 1 2 3 (TVD), Field, Area, Pool code), Slurry Volume,	Width, Azimuth),
	Clean Volume, Proppant Concentration, Rate, Surface	ADSA Dimensions
	Pressure and Bottom hole Pressure.	(1x, 2x, 5x Top TVD,
		Bottom TVD),
		Geology (Formation,
		Formation Top (MD
		TVD) Bottom (MD
		TVD), Field, Area,
		Pool code), Slurry
		Volume, Clean
		Volume, Proppant
		Concentration, Rate,
		Surface Pressure and
		Bottom hole
		Pressure.
2.	Click Save.	
3.	Click <b>Next</b> to move to next section.	

## Section 5 : Base & Recovered Fluids

Please enter information below.

Indicates Required Field

If hazardous wastes were generated during the well stimulation activities, copies of all hazardous waste manifests used for transportation to an authorized offsite facility will be attached.

	▼ Adva	anced Filtering	Actions	Search		1
Water Source Name	Water Source	Type Volu	me Used (bbl	Acti	ons	
California Aqueduct	Surface Water- Manmade	2900		Ad	tions≁	

Step	Action	Required Fields
1.	Click Actions button and click Create Record to add base fluid	
	information	
2.	Click the Actions hyperlink within the table to edit an existing	
	entry.	

Base Fluid Information	×
Please enter information below.	<ul> <li>Indicates Required Field</li> </ul>
$\Box$ Is a fluid other than water planned to be u	ised?
Water Source Name*	Water Source Location *
California Aqueduct	California Aqueduct
Water Source Type *	Describe Other Water Source*
Surface Water-Manmade 🔹	
Base Fluid Suitability for Other Uses*	
Suitable for Irrigation/Domestic Use	
Water Source Well ID*	Surface Water Diversion Point*
0	Industrial 2
Purchased?*	Supplier Name *
Yes v	Belridge Water Storage District
Volume Used (bbl) *	Flashpoint (°C)
2900	
рН	
7.3	
	Cancel Save
	Cancel Save

Step	Action	Required Field
1.	Check the box if fluid other than water was used.	
2.	Enter data: Water Source Name, Water Source location, Water	Water Source
	Source Type, Describe Other Water Source, Base Fluid	Name, Water
	Suitability for Other Uses, Water Source Well ID, Surface Water	Source location,
	Diversion Point, Purchased, Supplier Name, Volume Used (bbl),	Water Source
	Flashpoint (Celsius), and pH.	Type, Describe
		Other Water
		Source, Base
		Fluid Suitability
		for Other Uses,
		Surface Water
		Diversion Point,
		and <b>Volume</b>
		Used (bbl).
3.	Click <b>Save</b> .	

Recove	ered Fluid	ds							•
			▼ Advan	ced Filtering	Action	is 🕶 🛛 Sea	arch		¢
Dispo	Dispo	UIC P	Inject	Inject	Total	Rad	Rad	Actions	
Desalini zation	Water Plant 20	052000 04	Aera Energy LLC	Belridge , South				Actions	*
H 4	1 🕨	H	20 🔻 iter	ms per page		Viewin	ig 1 - 1 from	1 results	Q
Total Vol	umo Usod								
2900	une oseu								
	econd recov	ered fluid							
analys	sis report re	quired?							

Step	Action	Required Fields
1.	Click Actions button and click Create Record to add recovered	
	fluids information	
2.	Click the Actions hyperlink within the table to edit an existing	
	entry.	

Recovered Fluid Information	×
Please enter information below.	* Indicates Required Field
Fluid Information	
Disposal Information	
Disposal Method *	Disposal Location *
Desalinization 🔻	Water Plant 20
Describe Other Disposal Method *	UIC Project ID *
	05200004 🔻
Injection Operator	Injection Field
Aera Energy LLC	Belridge, South
Vol. Recovered at First Sampling (bbl)	Total Vol. Recovered (bbl) *
Radiological Information	
Rad. of Recovered Fluid (pCi/L)*	Radiological Constituent
Rad. Analytical Method	Rad. Analysis Equipment
	Consel Conse
	Cancel Save

Step	Action	Required Field
1.	Enter data: Fluid Disposal Method, Location, Description	Fluid Disposal Method,
	of other disposal method, UIC Project ID, Volume	Location, Description
	Recovered at First Sampling (bbl), Total Volume	of other disposal
	Recovered (bbl), Rad of Recovered Fluid, Radiological	method, UIC Project ID,
	Constituent, Rad Analytical Method, and Rad Analysis	Volume Recovered at
	Equipment.	First Sampling (bbl),
		Total Volume
		Recovered (bbl), Rad of
		Recovered Fluid,
		Radiological
		Constituent
2.	Click Save.	
3.	Click <b>Next</b> to move to next section.	

Section:	6	Constituents	& A	dditives
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		▼ Advanced Filte	aring Actions	. Search	3
Stage No.	Chemical N	CAS#	Unique ID (i	Concentrati	Actions
1	Guar gum	9000-30-0		0.18	Actions

Step	Action	<b>Required Fields</b>
1.	Click Actions button and click Create Record to add Chemical	
	Constituent information .	
2.	Click the Actions hyperlink within the table to edit an existing	
	entry.	

ease enter information below.	* Indicates Required Field
Stage No. *	
1	
Chemical Name *	
Guar gum	
CAS#	Unique ID (if no CAS#)
9000-30-0 🔻	
Concentration % Mass*	
0.18	
	Capad

Step	Action	Required Field
1.	Enter data: Stage Number, Chemical name, CAS #, Unique ID	Stage Number,
	and Concentration % Mass.	Chemical name,
	Note: If no CAS # exists use most identifyable name or number.	CAS # and
		Concentration %
		Mass.
2.	Click Save.	

Additives				•
	T Ac	Ivanced Filtering	ctions - Search	\$
Stage No.	Trade Name	Concentration %	Is Rad. Compo	Actions
₩ ◀ 0	► ► 20 ▼	items per page	No	results to display 💍

Step	Action	Required Fields
1.	Click Actions button and click Create Record to add base fluid	
	information	
2.	Click the Actions hyperlink within the table to edit an existing	
	entry.	

lease enter information below.	* Indicates Required Fiel
Additive Information	
Trade Secret Production *	Stage No.*
•	▲ ▼
Trade Name	Supplier
Intended Purpose	Concentration % *
•	
Radiological Information	
Is Rad. Component or Tracer?*	Rad. Recovery Method
•	
Rad. Recovery Rate	Rad. Material Disposal Method
Rad. Material Disposal Location	

Step	Action	Required Field
1.	Enter Data: Trade Secret Production, Stage Number, Trade	Trade Secret
	Name, Supplier, Intended Purpose, Concentration %, Is Rad	Production,
	Component or Tracer, Rad Recovery Method, Rad Recovery	Stage Number,
	Rate, Rad Material Disposal Method and Rad Material Disposal	Concentration,
	Location.	Is Rad
		Component or
		tracer
2.	Click Save.	
3.	Click <b>Next</b> to move to next section.	

Y Ac	dvanced Filtering	Actions - Sea	rch			
	Descri File	Add New	е			
		Export - Excel				
		Export - PDF				
Doc	cument Upload					2
					* Indicates Red	quired Field
	Upload New Do	ocument	◯ Ass Docur	sociate Existi ments	ing WellSTAR	
	Internal Only		Request	Confidentiali	ity	
1	Type *					
						•
E	Relevant Date*					0
	Description *					
	A 11			4 K		
	All comments are dis	coverable records,	, open to pu	blic review.		•
ĺ						e e
	Browse					
0						
					Cancel	Upload

Step	Action	<b>Required Fields</b>
1.	Upload any pertaining documents applicable to the Application for	
	Well Stimulation Permit form.	
2.	To upload, click <b>Actions</b> then <b>Add New</b> . A popup will expand below.	
3.	In this popup, input all information. To add the document, select	Type, Relevant
	Browse, search for the correct file and click Upload. Or select	Date,
	Associate Existing WellSTAR Document and select the document	Description,
	ID.	Document ID
4.	Select "Next". Next	

# Section 8. Form Submit

Submitter	
Internal User John Wilson	
Date Received	
2/14/2019	白

Form Submit Preview

Click the button below to preview your submission summary.

Preview Submission Summary

Step	Action	Required Fields
1.	If any form needs to be added, click Add Form under Online Form	
	Association. This creates a popup. Type in the form ID or name	
	and click <b>"Save".</b>	
2.	If any comments pertaining to the submittal is needed, type in the	
	comment and click Add under Comments.	
3.	When ready to acknowledge, click the box label <b>"I hereby</b>	
	certify". This autopopulates the user's name who is filling out	
	the form.	
4.	Click the button "Preview Submission Summary" to generate the	
	submission.	
5.	When satisfied with the submission, click <b>"Submit".</b>	

# Section 9. Confirmation



Step	Action	Required Fields
1.	No action needed.	

## 1.1.1 Key Points

- Both internal and external users can submit this form.
- All Comments in the submittal and review progress are cataloged and publically available.