

NATURAL RESOURCES AGENCY OF CALIFORNIA DEPARTMENT OF CONSERVATION DIVISION OF OIL GAS AND GEOTHERMAL RESOURCES

WELL STIMULATION DISCLOSURE - POST-WST REPORT

Additional Information can be found at:

https://www.conservation.ca.gov/dog/Pages/WSTChecklistForOperators.aspx

Operator		Submission Date	
WST Permit No.		API No.	
WST End Date		Stimulated Formation	
Field		District	

Pressures recorded during the first 30 days* of production pressure monitoring (Title 14, Sec 1787(d)(1)). This portion of the record may be submitted after the 60-day requirement to accommodate the actual production schedule.

Date- mm/dd/yyyy

Production Start Date:

Tbg - tubing pressure (psi)

Csg - casing pressure (psi)

Date	Tbg	Csg
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Date	Tbg	Csg
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Date	Tbg	Csg

* Required minimum of 1 measurement every 2 days for 30 days

Explain whether the actual well stimulation treatment differed from what was anticipated in the well stimulation treatment design prepared.

Detail each deviation.

Did the actual location of the well stimulation treatment differ from what was indicated in the permit application under Section 1783.1(a)(15)? Detail each deviation.

Provide a description of hazardous wastes generated during the well stimulation activities and their disposition.

Attach copies of all hazardous waste manifests used to transport the hazardous wastes offsite to an authorized facility.