

OIL WELL COMPLETION SURVEY QUESTIONS

Part 1. General Information

Owner/Operator	
Owner/Operator Contact Name	
Owner/Operator Contact Phone	

Please use **basin averages** for each question.

1. Basin or Area	Permian Basin	Eagle Ford Shale
2. Total number of oil well completions in 2014		
3. Number of wells with hydraulic fracturing		
a. Average flowback duration (hours)		
b. Average time a separator was used (hours)		
4. Number of wells without hydraulic fracturing		
a. Average flowback duration (hours)		
b. Average time a separator was used (hours)		

Part 2. Oil well completion VOC control information

5. The Percent of completions controlled, for oil wells **with** hydraulic fracturing:

% uncontrolled (vented to atmosphere)		% controlled by vapor recovery		% controlled by combustion devices	
Please either list a percentage: _____ %	<input type="checkbox"/> 0% <input type="checkbox"/> 1-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-99% <input type="checkbox"/> 100%	Please either list a percentage: _____ %	<input type="checkbox"/> 0% <input type="checkbox"/> 1-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-99% <input type="checkbox"/> 100%	Please either list a percentage: _____ %	<input type="checkbox"/> 0% <input type="checkbox"/> 1-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-99% <input type="checkbox"/> 100%
OR choose one of the following ranges:		OR choose one of the following ranges:		OR choose one of the following ranges:	

6. The Percent of completions controlled, for oil wells **without** hydraulic fracturing:

% uncontrolled (vented to atmosphere)		% controlled by vapor recovery		% controlled by combustion devices	
Please either list a percentage: _____ %	<input type="checkbox"/> 0% <input type="checkbox"/> 1-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-99% <input type="checkbox"/> 100%	Please either list a percentage: _____ %	<input type="checkbox"/> 0% <input type="checkbox"/> 1-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-99% <input type="checkbox"/> 100%	Please either list a percentage: _____ %	<input type="checkbox"/> 0% <input type="checkbox"/> 1-20% <input type="checkbox"/> 21-40% <input type="checkbox"/> 41-60% <input type="checkbox"/> 61-80% <input type="checkbox"/> 81-99% <input type="checkbox"/> 100%
OR choose one of the following ranges:		OR choose one of the following ranges:		OR choose one of the following ranges:	

Additional comments can be entered on the back of the form.

Comments:

Please complete this survey form and return by September 30, 2015. For questions about the study or information requested on the survey form, please contact the TCEQ project manager Michael Ege via email at Michael.Ege@tceq.texas.gov or by phone at (512) 239-5706.

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