North Carolina Department of Environment and Natural Resources Division of Energy, Mineral, and Land Resources **Energy Section - Oil and Gas Program**

Form 19

Rev 03/2015

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Oil & Gas Program Use Only		
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Chemical Disclosure Report

15A NCAC 05H .1702 Permittee Name: **Attachments:** Company Name: Permittee **DEMLR-OGP** Address: FracFocus Report City: Wellbore Survey Phone: Fax: Email: State: Zip: **API Number:** County: Nearest Town/ Lease/Well City: Name: Well Site Ingress/ **Egress Location:** Well Number: Type of Well: Measured Depth (feet): Date the well stimulation operations began: ☐ Oil Date the well stimulation operations ceased: ☐ Gas True Vertical Depth (feet): ☐ Dry Strat. Longitude of the wellhead (decimal degrees): ↑ Other Latitude of the wellhead (decimal degrees): * Describe Other Type of Well: Page

Fluid Information:

Type of Base Fluid	Total Volume of Base Fluid Used (Bbls or MCF)	Amount of Surface Water or Groundwater Used	Percent by Volume of Surface Water or Groundwater Used	Point of Withdrawal of the Surface Water or Groundwater	Amount of Recycled Water Used	Percent by Volume of Recycled Water Used	Location of Recycled Water Used
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Chemical Information:

Trade or Common Name of Each Chemical	CAS Registry Number of Each Chemical	Trade or Common Name of Each Additive	Supplier Name for Each Chemical and Additive	Chemical Classification of Each Chemical and Additive (subject to 29 CFR § 1910.1200)	Actual or Maximum Concentration of Each Chemical and Additive (percent by mass)	Describe the Intended Use or Function of Each Additive

Form 19 - Chemical Disclosure Report					
Describe the overall well stimulation mixture:					
The permittee ma	valso attach any reports, logs, or other documentation from the well service company in addition to the ed on this form.				
	For all horizontal wells a certified directional survey of the horizontal portion of the well bore must be attached to with this form by hard copy or by email. Check to indicate the required documentation is attached. Provide file name if attached by email.				
This form must be si	gned by the permittee or an authorized agent of the permittee.				
Print Name:	Title:				
Signature:	Date:				