

**STATEWIDE RULE 32 EXCEPTION DATA SHEET  
SUBSEQUENT REPORT  
(Due within 60 days of Permit Expiration)**

(XX/2020)

Operator Number: \_\_\_\_\_

Operator Name & Address: \_\_\_\_\_ SWR 32 Permit # \_\_\_\_\_  
\_\_\_\_\_ RRC DISTRICT \_\_\_\_\_  
\_\_\_\_\_ County \_\_\_\_\_

Well/Lease/Plant/System Name \_\_\_\_\_ Field \_\_\_\_\_

Identification by ID# (Indicate Type):

API# \_\_\_\_\_ Gas ID# \_\_\_\_\_ Lease ID# \_\_\_\_\_ Drilling Permit# \_\_\_\_\_

Commingle Permit# \_\_\_\_\_ Plant ID# Number(s) \_\_\_\_\_

Disposition of gas (mark box): \_\_\_\_\_ Flare \_\_\_\_\_ Flare or Vent Stack/ Height \_\_\_\_\_ Flare Pit \_\_\_\_\_ Vent

Permitted Time period flared/vented (days,months): \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Permitted Volume flared/vented during time period mentioned above: \_\_\_\_\_

Actual Time period flared/vented (days,months): \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Volume flared/vented during actual time period mentioned above:

Flared: \_\_\_\_\_  
MCF/D per well or \_\_\_\_\_  
flare point or \_\_\_\_\_  
MCF/D per lease or \_\_\_\_\_  
MCF/D per plant/system or \_\_\_\_\_  
MCF total for time period \_\_\_\_\_

Vented: \_\_\_\_\_  
MCF/D per well or \_\_\_\_\_  
MCF/D per lease or \_\_\_\_\_  
MCF/D per plant/system or \_\_\_\_\_  
MCF total for time period \_\_\_\_\_

Method of Measurement: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

**OPERATOR'S CERTIFICATION**

I declare under penalties prescribed in Sec.91.143, Texas Natural Resources Code, that I am authorized to **complete** this report, that this data sheet and its attachments were prepared by me or under my supervision and direction, and that the data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Typed or printed name of operators's representative \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_ Does the applicant request to receive all Commission correspondence concerning the administrative review of this subsequent report VIA EMAIL ONLY: If yes, indicate email address \_\_\_\_\_

**ALL PRODUCTION SHOULD BE ACCURATELY MEASURED WITH DISPOSITION OF GAS REPORTED TO CODE 4 **or 9** ON MONTHLY PR**

Return to: *RAILROAD COMMISSION OF TEXAS  
EngUnit@rrc.texas.gov  
PO BOX 12967  
AUSTIN TX 78711*