



R1148.2 (d) Notification

User Information

EForm Status

COMPLETED

Date Stored

07/17/2023

Time Stored

10:41 AM

Notification Type

Notification Type *

ORIGINAL

Has this Previous Event ID Been superseded?

Previous Event ID for Cancellation, Revision Date or Other

Operator Information

Event ID

7693

Facility ID *

800128

Facility Name *

SO CAL GAS CO

Operator Name *

SO CAL GAS

Extension Information

New extended date and time for well activity to begin

Number of previously requested extensions requested under the original notification

Well Information

Well Name /ID *

PORTER 68A

API Well Number *

04-037-22742

Well Type

GAS

Well Geographical Coordinates (NAD 83 Format)

Well Latitude *

34.31597137

County *

LOS ANGELES

Well Longitude *

118.55091095

Zip Code *

91326

Start Date and Time

07/19/2023 07:00:00 AM

City

NORTHRIDGE

Description of Well Activities

Notification Sub-Type

- Regular 1148.2 Notification
- 1148.2(d)(6) Workover rig w/o Tier 4 Final Engine(s)
- 1148.2(d)(6) Workover rig w/ Tier 4 Final Engine(s)

Select all that apply. If conducting a series of, or any combination of well production stimulation or treatment activities, identify all types of well production stimulation or treatment activity conducted.

Please click the Add button to the right to enter Well Activities

Add

Well Activity

WELL MAINTENANCE

Type of Drilling

- Acidizing*
- Hydraulic Fracturing
- Gravel Packing
- Maintenance Acidizing
- Matrix Acidizing
- Acid Fracturing

Please click the Add button to the right to enter Well Activities

Add

Chemical Treatment

General Maintenance

Other (Please List)

* Prior to April 2014, notifications did not distinguish between matrix and maintenance acidizing, and are reported as acidizing.

List of Planned Combustion Equipment to be Used

Enter engine information for a workover rig, or any engine that connects to, and/or assists the workover rig, that does not meet Tier 4 - Final emissions standards of Title 40 of the Code of Federal Regulations part 1039 subpart B section 1039.101 Table 1 or is not powered by a non-combustion source. This does not apply to miscellaneous equipment such as forklifts, cranes, or any engine that is not connected to the workover rig.

Combustion Equipment

Add

Equipment Type

PUMP ENGINE

Equipment Model

CAT C18

Engine Tier

3

Engine Size (bake-horsepower)

600

Fuel Type

DIESEL

Equipment Type

GENERATOR

Equipment Model

ISUZU 4HKYXDIBA-01

Engine Tier

3

Engine Size (bake-horsepower)

173

Fuel Type

DIESEL

Nearest Sensitive Receptor Located within 1,500 feet of well

Well Has Sensitive Receptor

Receptor Type

Receptor Distance to Well in feet

Receptor Facility Name

Address

City

Zip Code

Certification Statement

Pursuant to SCAQMD Rule 1148.2(d)(1), this form shall be submitted to the District no more than 10 days and no less than 72 hours prior to the start of well drilling, well completion, well rework, or conducting chemical treatment of a well in quantities of twenty gallons or more per day, excluding water. If the start date(s) of activities subject to SCAQMD Rule 1148.2(d)(1) is modified, the owner or operator shall notify the District at least 48 hours prior to the new start date and time if modified to occur earlier than the original start date and time, or if the well activity occurs after the originally projected start date and time, the operator may file extensions in 24-hour increments, up to a maximum three 24-hour extensions. Pursuant to SCAQMD Rule 1148.2(d)(6), this form shall be submitted to the District no more than 10 days and no less than 24 hours prior to the start of the use of a workover rig where the workover rig uses a non-Tier 4 final engine. By clicking the checkbox below, I certify that I am the duly-authorized person to submit this form. I hereby attest, to the best of my knowledge, that the information contained herein is true, accurate and complete. With regard to information that I do not have personal knowledge of, I hereby attest that I have accurately entered the information contained herein from authorized personnel who represented that the information is true, accurate and complete.

I Agree to the above Certification Statement *