



Application for a Well Licence

Form 1

To the Minister of Natural Resources

v.2011-04-26

The undersigned operator applies for a well licence under the Oil, Gas and Salt Resources Act and the Regulations thereunder and submits the following information, together with the application fee of \$100 + 13% HST. Make cheques payable to "Minister of Finance".

1. WELL NAME _____ Target Formation _____

Purpose of Proposed Well (Well Type) _____

2. OPERATOR _____ Tel # _____ Fax # _____

Street Address _____ City _____ Prov. _____ Postal Code _____

Mailing Address _____ City _____ Prov. _____ Postal Code _____

Contact Name _____ Contact Tel # _____

3. LOCATION County _____ Township _____

Tract _____ Lot _____ Concession _____ Lake Erie: Block _____ Tract _____ Licence/Lease No. _____

Surface location, _____ m North South Latitude _____ Bottom-hole Lat. _____

metres from Lot Boundaries _____ m East West Longitude _____ Bottom-hole Long. _____

Within 1.6 km of Designated Storage Area? Yes No Off-target? Yes No

4. WELL PARTICULARS Vertical Horizontal Directional Deepening Re-entry Lateral

Rig Type: Rotary Cable Well to be cored? Yes No Formation at TD _____

Ground Elevation _____ Proposed Depth _____ Proposed Depth TVD _____ Proposed Start Date _____

5. LANDOWNER _____ Tel # _____

Street Address _____ City _____ Prov. _____ Postal Code _____

The landowner hereby provides consent for the collection of their personal information, via the operator, as per Section 12 of this form. Landowner Signature: _____

Pooling of the Spacing Unit or unitization of the Unit Area shown on the attached well location plan has been completed (see Ont. Reg. 245/97 definitions for "pooled spacing unit" and "unitize") Yes No

6. DRILLING CONTRACTOR _____ Tel # _____

Address _____ City _____ Prov. _____ Postal Code _____

7. PROPOSED CASING AND CEMENTING PROGRAM

Hole Size (mm)	Casing O.D. (mm)	Weight (kg/m)	Grade	New, Used or in-hole	Setting Depth TVD	Setting Formation	CASING SETTING INFORMATION		
							How Set	Cement Type	Cement Top KB / RF

8. BLOW-OUT PREVENTION EQUIPMENT

9. WELL SECURITY Name of Trustee _____ Total # Unplugged Wells _____ Current Balance _____

10. REMARKS

11. ENCLOSURES Fee Location Plan (Land wells only) Drilling Program

12. NOTICE OF COLLECTION
The Ministry of Natural Resources is collecting your personal information under the authority of the *Oil, Gas and Salt Resources Act*. Any personal information provided on this application will be used for licensing and law enforcement purposes only and will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions about use of your personal information, please contact the Policy and Program Officer, Petroleum Resources Centre, Ministry of Natural Resources, 659 Exeter Road, London N6E1L3, 519-873-4638.

13. AUTHORITY
The undersigned certifies that the information provided herein is complete and accurate, the operator has the right to drill or operate a well in the above location, and he/she has authority to bind the operator.

Date (d/m/y)	Name	Signature
Date of Birth	Company	Title