



Oil, Gas and Salt Resources Act  
**Application for a Well Licence**  
**Historical Oil Wells and Private Gas Wells**

Form 1A

To the Minister of Natural Resources

v.2009-05-31

Only to be used for licensing of existing wells. The undersigned operator applies for a licence under the Oil, Gas and Salt Resources Act and the Regulations thereunder and submits the following information.

**Operator:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Total # of Wells Applied For:** \_\_\_\_\_

Mailing Address	City	Prov.	Postal Code	Tel. #	Fax. #
Street Address	City	Prov.	Postal Code	Tel. #	Fax. #

Please attach list in same format as below if more space is required.

Well Name	Location Township, Tract-Lot-Concession	Metres from lot boundaries		Latitude	Longitude	Well Status		Depth Metres	Year Drilled	Surf. Casing Diameter-mm
		N/S	E/W			Type*	Mode**			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

\*Historical Oil Well (HOP), Private Gas Well (PGP)      \*\*Active (ACT), Suspended (SUS)

**Remarks:**

**Enclosures:** Location Plan  (Land Wells Only)

**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.

**Authority:** The undersigned certifies that the information provided herein is complete and accurate, the operator has the right to operate the wells in the specified location, and he/she has authority to bind the operator.

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