



Energy, Mines and Resources

Oil and Gas Resources Branch

Department of Energy, Mines and Resources, Government of Yukon

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WELL OPERATION APPROVAL APPLICATION

This form is available in French
Également disponible en français

A. APPLICATION INFORMATION			
Date of Application ____/____/____ YYYY MM DD		Purpose of Application <i>(select all that apply)</i> <input type="checkbox"/> Abandonment <input type="checkbox"/> Suspension <input type="checkbox"/> Workover <input type="checkbox"/> Change of Service <input type="checkbox"/> Re-Abandonment <input type="checkbox"/> Completion <input type="checkbox"/> Re-Completion	
B. LICENSEE INFORMATION			
Identification Code of Licensee (ID Code)		Full Legal Name of Licensee	
Contact Name		Capacity	
Address		City/Town	Territory/Province Postal Code
Phone	Fax	Email	
C. OFFICIAL SERVICE ADDRESS			
Official Service Address of Applicant		City/Town	Territory/Province Postal Code
Legal Name of the Authorized Authority at the Official Service Address (if different from the applicant):			
Name of Contact Person at the Official Service Address		Capacity	
Main Office Phone	Mobile	Fax	Email
D. CONTRACTOR INFORMATION			
Full Legal Name of Well Operations Contractor			
Name of Contact Person		Capacity	
Address		City/Town	Territory/Province Postal Code
Phone	Fax	Email	

Personal information on this form is collected under the authority of section 29 of the *Access to Information and Protection of Privacy Act*. If there is any conflict or inconsistency between this application form and any provision of the *Yukon Oil and Gas Act* or its regulations, the *Yukon Oil and Gas Act* and its regulations prevail.

E. WELL INFORMATION

Well Name	Well Licence #	Unique Well Identifier (UWI)
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Surface Location
 Unit: _____ Section: _____ Grid Area: _____ Latitude: _____ Longitude: _____

Surface Coordinates
 N/S Distance: _____ N/S Designation: _____ E/W Distance: _____ E/W Designation: _____
 Pool: _____ Field: _____

Well Type

Disposal
 Injection
 Production
 Experimental
 Observation
 Storage
 Other: _____

Well Classification

Development
 Exploratory Outpost
 Exploratory Wildcat

Objective Zone(s)

Objective Formation	Fluid (Oil/Gas/Water)	Depth (m TVD)

H2S INFORMATION FOR THE PROPOSED WELL

Sour Well? Yes No **If Yes, complete table below**

H₂S Release Rate Well Prognosis by Potential H₂S Horizon

Attach justification for the scenarios and associated gas rates and compositions.

Formation Name	H ₂ S%	Completion/ Servicing Case (m3/s)	Suspended/ Producing Case (m3/s)

Maximum H₂S Release Rate (RR)

	Completion/Servicing Case (m3/s)	Suspended/Producing Case (m3/s)
Maximum H₂S RR		

Maximum H₂S concentration encountered in well:

_____ ppm _____ mol/kmol _____ %

Calculated Emergency Planning Zone (EPZ)

	Completion/Servicing Case (km)	Suspended/Producing Case (km)
Maximum calculated EPZ		
Number of occupied dwellings, public facilities, and/or places of business inside the calculated EPZ		

Distance to nearest populated area/dwelling: _____ km Distance to nearest public facility: _____ km
 Distance to nearest occupied dwelling: _____ km Distance to nearest urban centre: _____ km
 Distance to nearest surface development: _____ km

Blowout Prevention (OGDPR Parts 4, 6, Schedule E)

Yes No Class: _____

Timing of Operations

Proposed Commencement Date (YYYY/MM/DD): _____ / _____ / _____
 Proposed Rig Release Date (YYYY/MM/DD): _____ / _____ / _____

Estimated Total Cost**F. FIRST NATIONS****Yukon First Nation Traditional Territory** *(Select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Carcross/Tagish First Nation | <input type="checkbox"/> Champagne And Aishihik First Nation |
| <input type="checkbox"/> Kluane First Nation | <input type="checkbox"/> Kwanlin Dün First Nation |
| <input type="checkbox"/> Liard First Nation | <input type="checkbox"/> Little Salmon/Carmacks First Nation |
| <input type="checkbox"/> First Nation Of Na-Cho Nyäk Dun | <input type="checkbox"/> Ross River Dena Council |
| <input type="checkbox"/> Selkirk First Nation | <input type="checkbox"/> Ta'an Kwäch'än Council |
| <input type="checkbox"/> Teslin Tlingit Council | <input type="checkbox"/> Tr'ondëk Hwëch'in |
| <input type="checkbox"/> Vuntut Gwitchin First Nation | <input type="checkbox"/> White River First Nation |

Trans-Boundary First Nation Traditional Territory *(Select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Inuvialuit Regional Corporation | <input type="checkbox"/> Tetlit Gwich'in Council |
| <input type="checkbox"/> Other: _____ | |

G. DISCLOSURE AND CONSULTATION

Indicate whether notification requirements, consultation, and confirmation of non-objection have been completed.

If the answer is No for any group, attach a report detailing the reasons.

- First Nations Yes No
 Public Yes No
 Industry Yes No

Indicate if there are outstanding objections or concerns related to this application. Yes No
If Yes, attach a report detailing the outstanding objections and concerns.

The applicant is a good standing member of a Spill Response Coop: Yes No N/A

Specify the Coop: _____

Benefits Agreement <input type="checkbox"/> Completed or Obtained <input type="checkbox"/> Required <input type="checkbox"/> Not required	
H. SIGNATURE	
Indicate the name and capacity of the person signing for the applicant.	
Name of Signatory	Capacity
Signature	Date

CHECKLIST OF ATTACHMENTS

- Application fee. (OGLAR Schedule B).
- Proof of Financial Assurance. (OGLAR section 13).
- Well Operation Program.
- Safety Plan. (OGDPR Part 12 s 153(2)).
- Environmental Protection Plan. (OGDPR Part 12 s 153(3)).
- Consultation and Notification Report. (OGA s 14).
- Well Deposit is in good standing. (OGDPR s 8).
- H2S release calculations, EPZ determination, and associated maps.
- Deviations from the *Oil and Gas Drilling and Production Regulations*.
Provide detailed justification for each proposed deviation.

LIST OF ACRONYMS

- OGA** – Oil and Gas Act
- OGDPR** – Oil and Gas Drilling and Production Regulations
- OGLAR** – Oil and Gas Licence Administration Regulations