

APPLICATION TO AMEND A WELL OPERATION APPROVAL

Application is hereby made under the *Oil and Gas Act* and its regulations to amend Well Operation Approval No.

Well Name	Licensee Name
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The following amendments are required:

The reasons for the amendments include:

A copy of the original Well Operation Approval is attached Yes <input type="checkbox"/> No <input type="checkbox"/>
Documentation supporting the application for amendment (Please list).

Name of Authorized Representative	Job Designation
Phone Number	Email address
Signature	Date YYYY/MM/DD

<p>FOR DEPARTMENT USE ONLY</p> <p>Date Received: _____ YYYY / MM / DD</p> <p>Approved Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Amended Well Operation Approval # _____</p>	<p style="text-align: center;">_____ Name of Chief Operations Officer</p> <p style="text-align: center;">_____ Signature of the Chief Operations Officer</p> <p>Date: _____ YYYY / MM / DD</p>
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