Yukon
Energy, Mines and Resources

APPLICATION TO AMEND A WELL OPERATION APPROVAL

Oil and Gas Resources Branch
Department of Energy, Mines and Resources, Government of Yukon
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Application is hereby made under the *Oil and Gas Act* and its regulations to amend Well Operation Approval No.

Well Name	Licensee Name

The following amendments are required:

The reasons for the amendments include:

A copy of the original Well Operation Approval is attached Yes ☐ No ☐

Documentation supporting the application for amendment (Please list).

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

FOR DEPARTMENT USE ONLY

Date Received: YYYY / MM / DD

Approved Yes ☐ No ☐

Amended Well Operation Approval #

_____

_____
Name of Chief Operations Officer

_____
Signature of the Chief Operations Officer

Date: YYYY / MM / DD

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YG(6499EQ)F1 Rev.09/2017

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