



Ministry of Energy & Mines and Ministry of Provincial Revenue

BC-23
APPLICATION FOR GAS COST ALLOWANCE

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Months Operating in Calendar Year		Actual Claim For Calendar Year		Estimated Claim For Calendar Year	
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FACILITY	
Facility Code	

LAND	COSTS INCURRED \$
Land Cost	

DEPRECIABLE CAPITAL ADDITIONS (DISPOSALS)	COSTS INCURRED \$
1.	
2.	
3.	
4.	
Net Depreciable Capital Additions (Disposals)	

DEPRECIATION	CAPITAL DEPRECIATION \$
Opening Balance of Undepreciated Capital as at January 1	
Total Undepreciated Capital (before depreciation)	
Prorated Depreciation	
Closing Balance of Undepreciated Capital as at December 31	

DIRECT OPERATING COSTS	DIRECT COSTS INCURRED \$	DIRECT COSTS INCURRED \$
Labour		Direct Insurance
Materials		Property Taxes
Chemicals		Camp Costs
Transportation		Other
Contract Services		Other
Utilities		Other
Maintenance		Total Direct Operating Costs (DOC) Sub-Total { Col. 1 + Col. 2 }
Purchased Fuel Gas		Overhead Allowance [10% of Total DOC]
Telecommunications		Total Direct Operating Costs [Total DOC + Overhead]

WORKING CAPITAL ALLOWANCE
Working Capital Allowance

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RATE BASE		
Rate Base		
Return on Rate Base		

ACTUAL GAS COST ALLOWANCE RATE AND CARRY-FORWARD		
Total Actual Cost Allowance		
Gas Cost Allowance Carry-Forward (Prior Year)		
Actual Plant Throughput (1000 cubic metres raw gas)		
Actual Gas Cost Allowance Rate (Current Year)		
Approved Estimated Rate		
Total Gas Cost Allowance Applied		
Gas Cost Allowance Carry-Forward (Current Year)		

ESTIMATED GAS COST ALLOWANCE RATE		
Estimated Total Cost Allowance		
Gas Cost Allowance Carry-Forward (Current Year)		
Estimated Plant Throughput (1000 cubic metres raw gas)		
Estimated Gas Cost Allowance Rate (\$ / 1000 cubic metres)		

ESTIMATED TOTAL COST ALLOWANCE		
Opening Balance of Undepreciated Capital		
Depreciable Capital Additions (Disposals)		
Total Undepreciated Capital		
1. Prorated Depreciation		
Closing Balance of Undepreciated Capital		
2. Direct Operating Costs (DOC)		
3. Overhead Allowance (10% of DOC)		
Estimated Total Operating Costs		
Working Capital Allowance		
Rate Base		
4. Return on Rate Base		
Estimated Total Cost Allowance		

FACILITY OPERATOR		
I hereby certify that the information provided on this form and in supporting documentation is correct.		
Signature	Telephone	()
Name	Fax	()