

APPLICATION FOR A WELL AUTHORIZATION

Form to be submitted in duplicate at least 14 days prior to the desired spud date and accompanied by the required fee, deposit, agreement with the owner of the surface rights, and survey plan, to the Director, Minerals and Petroleum Development Branch, Department of Natural Resources, P.O. Box 6000, Fredericton, New Brunswick, E3B 5H1, or delivered to 1350 Regent St., Fredericton, New Brunswick, E3C 2G6.

The undersigned operator in compliance with the regulations under the Oil and Natural Gas Act applies for a well authorization to drill:

1.	Well name				
2.	Location: Unit Section	Grid Index No.	Eleva	ation: Gr.	K.B.
	Grid Latitude		Grid Longitude		
	Well Latitude		Well Longitude		
3.	Applicant's Name				
	Address				
4.	Expected completion: Oil Ga	is in			
			(Formation)		(Depth m)
5.	Expected total depth		/	Formation at total depth	
6.	Title	Holder			
	(Licence / Lease ID)		(License	ee / Lessee)	
7.	Surface Rights Owner				
	Address				
8.	Right of Entry Obtained	Under Negotiation	Pending		
9.	Proposed starting date		Proposed spud date		

10. Proposed casing and cementing program.

Program	(1) Bit Size	(2) Casing, outside diameter	(3) Weight (kg/m)	(4) Make	(5) New or Used	(6) Setting Depth (m)	(7) Cement (m ³)

11.	Control Equ	uipment and Expected Oil, Gas and Water Zones	
12.	Drilling Flu	iid Sump Construction	
		(Earth Pit, Tank, Lined Pi	t, etc.)
13.	Type of Sec	curity: Cash Bearer Bonds Term Certificates Bond	Promissory Note
14.	Drilling Cor	ntractor	
	Address		
15.	Rig Name	Rig Licence No. Rig Size	
16.	Remarks		
17.	Responsible A	Agent of Applicant:	
	At well site	At local office	
	Address	Address	
	Telephone	Telephone	
	Dated at	this day	20
Sign	ied by	Position	