



***This form only to be used for the licensing of existing wells.***

The undersigned operator applies for a licence under the *Oil, Gas and Salt Resources Act* and the Regulations thereunder and submits the following information.

If the Applicant is a Corporation, the undersigned confirms that he/she has authority to make this application on behalf of the Corporation.

#### Applicant's Information

Name of Company (if applicable)			Corporation Number		
Last Name		First Name		Middle Initial	
Telephone Number	Telephone Number (alternate)		Email		
Mailing Address					
Unit No.	Street Number	Street Name			PO Box
City/Town		Province		Postal Code	

#### Well Information

Well Number (if known)	Well Name (if known)		Well Depth (meters) (if known)		Year Drilled (if known)
Location: County, Township, Lot, Concession			City/Town		Province
Postal Code					
Location Coordinates (NAD 83):			Longitude		Latitude
Licence applied for:					
<input type="checkbox"/> Well Use <input type="checkbox"/> Well Plugging					
Enclosure:					
<input type="checkbox"/> Well Location Sketch <input type="checkbox"/> Well Evaluation Report (form 0235)					

#### Applicant Signature

The undersigned certifies that the information provided herein is complete and accurate, that he/she has the right to operate the well in the specific location and he/she has the authority to bind the operator.

Last Name	First Name	Title (if corporate representative)
Signature		Date (yyyy/mm/dd)

**Notice of Collection/Consent:** The Ministry of Natural Resources is collecting your personal information under the authority of the *Oil, Gas and Salt Resources Act*. Any personal information provided on this application will be used for licensing and for law enforcement purposes only and will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. I hereby consent to the use, collection and disclosure of my personal information and other information collected in this application by the Ministry of Natural Resources for the purpose of administering the licensing of private gas wells.

#### For Internal Use Only:

Approved By	Date (yyyy/mm/dd)	F Number
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