|  | **APPLICATION FOR AN OPERATIONS AUTHORIZATION** | | | |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | |  |
| **INSTRUCTIONS:** |  | |  |
| Send one electronic copy of this form and supporting technical documentation by email to [orogo@gov.nt.ca](mailto:orogo@gov.nt.ca).  If you wish to communicate with OROGO in hard copy, please do so using the courier address found at [www.orogo.gov.nt.ca](http://www.orogo.gov.nt.ca). | | | |
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|  | **APPLICATION** | | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |  |
|  | (Name of Operator) | | | | | | |  |
|  | Hereby applies for authorization under Section 10 of the *Oil and Gas Operations Act* andPart 2 of the *Oil and Gas Drilling and Production Regulations* using equipment and procedures described in the application.  Changes in equipment or procedures, outside the scope of this application, require approval in order that this authorization remains valid. | | | | | | |  |
|  | LicenceType |  | | Operating Licence No. | | NWT-OL- | |  |
|  | Region |  | | Field | |  | |  |
|  | Anticipated date of commencement: | |  | | Proposed Duration | | months |  |
|  | Scope of Work | | | | | | |  |
|  |  | | | | | | |  |
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| --- | --- | --- | --- | --- | --- | --- |
|  | ***“I certify that the information provided on this form is true and correct”*** | | | | |  |
|  | Name |  | Phone | |  |  |
|  | Title |  | E-Mail | |  |  |
|  | Operator |  |  | | |  |
|  | Signature |  | Date |  | |  |
|  |  | *Responsible Officer of Company* |  | | |  |