|  | **APPROVAL TO DRILL A WELL** |  |
| --- | --- | --- |
|  | This form is an application for a Well Approval under Section 10 of the *Oil and Gas Drilling and Production Regulations*. |  |
|  | **INSTRUCTIONS:** |  |  |  |
|  | 1. Complete both pages.
2. Send one electronic copy of this form and supporting technical documentation by email to 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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|  | **WELL INFORMATION** |  |
|  | Well Name |       | Operator |       |  |
|  | Well Type |  (if Other, specify \_\_\_\_\_\_\_) | Contractor |       |  |
|  |  |  |  |  |  |

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|  | **RELATED LICENCES, PERMITS, AND AUTHORIZATIONS** |  |
|  | Operating Licence No. |       | Operations Authorization  |       |  |
|  | PRA Licence No. |        | Station Keeping |   |  |
|  |  |  | Land Structure |   |  |
|  | Land Use Permit No. |       | Issued by: |        |  |
|  | Water Licence No. |       | Issued by: |        |  |
|  |  |  |  |  |  |

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|  | **LOCATION INFORMATION** |  |
|  | Region |  |  |  |
|  | **Coordinates** |  | Datum |  (if Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
|  |  | *Surface* | Lat |    °       ‘       “ | Long |     °       ‘       “ |  |
|  |  | *Bottom Hole* | Lat |     °       ‘       “ | Long |     °       ‘       “ |  |
|  |  | Unit |   | Section |    | Grid |    -         -       |  |
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|  |  |  |  |  |  |  |  |  |

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|  | **ACTIVITY INFORMATION** |  |
|  | Target Formation(s) |       | Field/Pool(s) |       /       |  |
|  | Well Path |  | Elevation KB/RT |       m |  |
|  | Approximate Spud Date |       | Ground Level / Seafloor |       m |  |
|  | Est. Days on Location |       days | Anticipated Total Depth |       m KB |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **EVALUATION PROGRAM** |
|  | Sample Type | Top to Bottom Interval (m KB) |  Interval (m) | Comments |
|  |  |      -      |  |       |
|  |  |      -      |  |       |
|  |  |      -      |  |       |
|  |  |      -      |  |       |
|  |  |      -      |  |       |
|  | **CASING PROGRAM** |
|  | O.D. (mm) | Weight (kg/m) | Grade | Setting Depth (m KB) |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  | Additional Information |       |

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| --- | --- |
|  | ***“I certify that the information provided on this form is true and correct”*** |
|  | Name |       | Phone | (   )       Ext       |
|  | Title |       | E-Mail |       |
|  | Operator |       |  |  |
|  | Signature |  | Date |       |
|  |  | *Responsible Officer of Company* |  |  |