|  | **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](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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| --- | --- | --- | --- | --- | --- |
|  | **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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|  | **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) |
|  |  | |  | |  | |  |
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|  |  | |  | |  | |  |
|  | Additional Information |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***“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* |  |  |