

LICENCE GROUPING APPLICATION FORM

Sections of the Regulation refer to the *Petroleum and Natural Gas Tenure Regulation*. Copies of this form, the *Regulation*, the *Grouping Application Guide*, and the *Validation and Grouping FAQ* are available on the Internet at <http://www.energy.gov.ab.ca> under Our Business → Tenure → Tenure Administration.

Part 1 Administrative Information	
Applicant Company	Department Use Only: Date of Receipt: Fax Received: Grouping Number:
Applicant Address	
<input type="checkbox"/> Amendment to Previous Application Dated: _____ (YYYY MMM DD)	
If faxing the application, do not mail the signed original.	

You may apply as soon as you have a well licence. Apply no later than one month after rig release of the grouping well, or the earliest expiry date of the licences in the requested grouping, whichever comes first.

Part 2 Grouping Information		
PNG Licence Number on which the grouping well is (or will be) located: _____		
Well ID (e.g., 102/01-01-001-01W4/00): _____ / _____ - _____ - _____ W _____ / _____		
Well Licence Number (Assigned by ERCB): _____ <input type="checkbox"/> Re-Entry		
<input type="checkbox"/> Applicant is the well licensee OR <input type="checkbox"/> Applicant is not the well licensee. Authorization is attached.		
Enter the "Actual" or "Anticipated" spud date and rig release date, as applicable		
Drilling Information	Actual	Anticipated
Spud Date	_____ (YYYY MMM DD)	_____ (YYYY MMM DD)
Rig Release Date	_____ (YYYY MMM DD)	_____ (YYYY MMM DD)

Part 3 Licence Information			
In ascending order, list all PNG Licence Numbers for all licences you wish to group, including the licence identified above in Part 2. If more space needed, attach another copy of this page.			
Licence Number (in ascending order)	Applicant File No. (optional)	Applicant is the Designated Representative	Authorization is Attached
_____	_____	<input type="checkbox"/>	OR <input type="checkbox"/>
_____	_____	<input type="checkbox"/>	OR <input type="checkbox"/>
_____	_____	<input type="checkbox"/>	OR <input type="checkbox"/>
_____	_____	<input type="checkbox"/>	OR <input type="checkbox"/>
_____	_____	<input type="checkbox"/>	OR <input type="checkbox"/>

Part 4 Signature and Contact Information			
Applicant Name (Printed)	Title	Signature	Date (YYYY MMM DD)
		Phone:	Fax:

FORWARD COMPLETED APPLICATION TO: Alberta Department of Energy	Website: www.energy.gov.ab.ca Phone: (780) 427-7425 Fax: (780) 422-1123
Tenure 9945 - 108 Street Edmonton, AB T5K 2G6	300, 801 – 6 TH Avenue SW Calgary, AB T2P 3W2
??? QUESTIONS ??? Please phone 8:15 - 4:30, Monday to Friday: Ask for "Continuations"	

ALL DATA SUBMITTED WITH YOUR APPLICATION IS KEPT CONFIDENTIAL