

# Government of Alberta ■

Energy

## REQUEST FOR AUTHORIZATION TO CONDUCT OPERATIONS IN UNDISPOSED CROWN MINERAL RIGHTS

With reference to Section 56 of the *Mines and Minerals Act*, complete this form to indemnify the Crown and to request authorization for use of undisposed Crown mineral rights.

### Part 1 Administrative Information

Applicant Name	Department Use Only: LSAS Client ID Approval #:
Applicant Address	
Applicant File Number	
If faxing this form: (do not mail an original)	<input type="checkbox"/> Data being sent by courier or mail

### Part 2 Well Detail

Unique Well ID:     /   -   -   -   W   /		
Well Type: <input type="checkbox"/> Disposal/Injection <input type="checkbox"/> Observation <input type="checkbox"/> Source	Formation Name: _____ (in which operations are to be conducted)	Substance: <input type="checkbox"/> Water <input type="checkbox"/> Acid Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Solvent <input type="checkbox"/> Other

### Part 3 Geological Data Requirement

To conduct operations in undisposed Crown mineral rights, the applicant must show that operations in the proposed formation/well will not have a detrimental impact on any recoverable hydrocarbon bearing strata. Indicate the data you are submitting to support your request. Please note data will be retained and held confidential.

- |                                                                            |                                                                                |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Geological Discussion – Mandatory                 | <input type="checkbox"/> Seismic with synthetics                               |
| <input type="checkbox"/> Well logs with marked formation tops              | <input type="checkbox"/> Net pay, Isopach, structural mapping & cross sections |
| <input type="checkbox"/> Production data                                   | <input type="checkbox"/> Other relevant data _____                             |
| <input type="checkbox"/> DST, interpreted pressure data or flow test data. |                                                                                |

### Part 4 Indemnification

(Applicant Name) \_\_\_\_\_ indemnifies the Crown for any loss, cost, claims or damages suffered by the Crown and in respect of any claims made against it by reason of anything done by (Applicant Name) \_\_\_\_\_ or anyone on our behalf in the exercise or purported exercise of the rights granted therein.

Signature	Name	Title	Date (YYYY-MMM-DD)	Phone ( ) -
Land contact		Title	Phone ( ) -	Fax ( ) -
Technical contact		Title	Phone ( ) -	Fax ( ) -

#### FORWARD COMPLETED APPLICATION TO:

Alberta Department of Energy  
Tenure  
9945 - 108 Street  
Edmonton, AB T5K 2G6

OR 300, 801 - 6<sup>th</sup> Avenue SW  
Calgary, AB T2P 3W2

Website: [www.energy.gov.ab.ca](http://www.energy.gov.ab.ca)

Phone (780) 427-7425 Fax (780) 422-0382

???                      **QUESTIONS**                      ???

Please phone during business hours  
8:15 - 4:30, Monday to Friday  
Ask for "Well Administration"