



## Instructions for Form Completion

This document is a Microsoft Word Form

- All parts of this form are locked except for those areas (fields) available for data entry.
- Open this form as a “copy” in order to preserve the original for future use.
- Place your cursor at the beginning of the field you wish to complete.
- Type in the relevant information. All fields are large enough to accommodate the data required. Fields on the form where large amounts of information are to be entered are self-expanding. If you find there is not enough room in a field to put in the information, check that the information you are entering is in the correct format.
- Note that some fields have a drop down list to assist in data entry and clarity as to the type of information required. For these fields, click on the appropriate value from the drop down list to enter the value on the form.
- Once you have completed all required fields on the form, print three (3) copies then have each copy signed and dated in blue ink by a responsible officer of the company.
- The printed copies of the forms, along with the appropriate supporting technical documentation, are to be submitted to:

Chief Conservation Officer  
National Energy Board  
444 Seventh Avenue SW  
Calgary, AB T2P 0X8

- The National Energy Board is implementing a process for submission of electronic application documents. However, until further notice, all application forms and supporting documentation must continue to be supplied as paper documents along with an electronic version on DVD (.pdf preferred).



## APPLICATION TO CHANGE A WELL NAME

### APPLICATION IS MADE HEREBY TO CHANGE THE NAME OF A WELL

Old Well Name \_\_\_\_\_

Proposed Well Name \_\_\_\_\_

Well Identifier \_\_\_\_\_

Unique Well Identifier \_\_\_\_\_

### WELL LOCATION

Location Unit \_\_\_\_\_ Section \_\_\_\_\_

Grid \_\_\_\_\_

Coordinates *Surface* \_\_\_\_\_

Lat \_\_\_\_\_

°

'

"

Long \_\_\_\_\_

°

'

"

(NAD 27)

Reason for changing well name \_\_\_\_\_

"I certify on the basis of personal knowledge of operations undertaken at the above named well that the above information is accurate"

Signed \_\_\_\_\_

*Responsible Officer of Company*

Date \_\_\_\_\_

Operator \_\_\_\_\_

Name \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Ext \_\_\_\_\_

Job Title \_\_\_\_\_

E-Mail \_\_\_\_\_

### NEB USE ONLY

This application has been examined and approved by

Signed \_\_\_\_\_

*Chief Conservation Officer*

Date \_\_\_\_\_