



APPLICATION TO AMEND A WELL OPERATION APPROVAL

Oil and Gas Resources Branch

Department of Energy, Mines and Resources, Government of Yukon
Suite 400, 211 Main Street, Whitehorse, Yukon Y1A 2B2
Email: oilandgas@gov.yk.ca

Application is hereby made under the *Oil and Gas Act* and its regulations to amend well operation approval no. _____

Well name	Licensee name
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The following amendments are required:

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The reasons for the amendments include:

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A copy of the original well operation approval is attached Yes No

Documentation supporting the application for amendment (list).

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Name of authorized representative	Job designation
Phone	Email
Signature	Date (YYYY/MM/DD)

OFFICE USE ONLY

Date received: _____ Approved Yes No

Amended well operation approval # _____

Name of chief operations officer

Signature of the chief operations officer

Date