|  |  |  |
| --- | --- | --- |
| A picture containing text, clipart  Description automatically generated | **WELL**  **NAME CHANGE**  **NOTIFICATION FORM**  Physical Address: 6534 Airport Road, Fort St. John, B.C. V1J 4M6 Mailing Address: 6534 100th Ave, Fort St. John, B.C. V1J 8C5 Phone: (250) 794-5200  [assetmanagement@bc-er.ca](mailto:assetmanagement@bc-er.ca) | Date Received |

THIS IS AN AUDITABLE DOCUMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADMINISTRATION** | | | | **A** |
| **Holder of Well Authorization** *Provide full incorporated legal name and address.* | | | | |
| Incorporation No.: | | | | |
| Name: | | | | |
| Address: | | | | |
| City: | | Province: | Postal Code: | |
| Email: | | | | |
| **WELL NAME DETAILS** | | | | **B** |
| Present Well Name: | | Proposed Well Name: | | |
| Well Authorization No.: | Tenure File No.: | Proposed Working Interests: | | |
| Present Well Name: | | Proposed Well Name: | | |
| Well Authorization No.: | Tenure File No.: | Proposed Working Interests: | | |
| **AUTHORIZATION** | | | | **C** |
| **Authorized Signatory for Holder of Well Permit and Authorization** | | | | |
| Name: | | | | |
| Position: | | | | |
| Signature: | | | | |
| Date: | | | | |
| **APPROVAL – BCER USE ONLY** | | | | **D** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approval Date (MMM/DD/YYYY) Authorized BCER Employee | | | | |