



**CORE EXAMINATION  
APPLICATION FORM**

**Physical Address:** 6534 Airport Road,  
Fort St. John, B.C. V1J 4M6  
**Mailing Address:** BC Energy Regulator  
6534 – 100<sup>th</sup> Ave. Fort St. John, BC, V1J 8C5  
**Phone:** (250) 794-5200

Date Received:

THIS IS AN AUDITABLE DOCUMENT  
ALL FORMS MUST BE SUBMITTED VIA EMAIL TO: [CoreLab@bc-er.ca](mailto:CoreLab@bc-er.ca)

**APPLICANT INFORMATION** **A**

|   |            |
|---|------------|
| Applicant Name:   | Position:  |
| Company:  | Phone No.: |
| Company City, Province/State, Postal Code/ZIP, Country: |            |
| E-mail:   |            |

**CORE REQUIRED** **B**

| Well Authorization No. | Well Name & Surface Location | Type (FD TS SWC) | Exact Intervals (mKB) |
|------------------------|------------------------------|------------------|-----------------------|
|                        |                              |                  |                       |
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|                        |                              |                  |                       |
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|                                 |  |
|---------------------------------|--|
| Date of Examination (YY/MM/DD): | Number of tables required for examination: |
|---------------------------------|--|

|   |
|---|
| Number of days required for examination (YY/MM/DD): |
|---|

**CORE LAB FEES** **C**

As per section 31 (3) of the Drilling and Production Regulation, the following fees are prescribed:

- (a) to examine core and drill cuttings at the core lab,
  - (i) \$150 per day for each examination table,
  - (ii) \$6 per box to examine a well core,
  - (iii) \$50 per well to examine drill cuttings, and
  - (iv) \$15 per sample of core required to be cut;
- (b) to remove a well core or sample from the core lab for analysis, a Core Removal and Sampling application form must be completed and submitted, \$300 plus \$6 per box;
- (c) for services respecting the return of the core, including re-boxing, core box repair and core box replacements, \$60 per hour.

**REGULATOR USE ONLY** **D**

|  |                            |                                       |
|--|----------------------------|---------------------------------------|
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | _____<br>DATE (YYYY/MM/DD) | _____<br>APPROVING OFFICIAL SIGNATURE |
|--|----------------------------|---------------------------------------|

Office Notes:

**APPLICANT AUTHORIZATION** **E**

*All areas of this form must be completed upon submission. Incomplete forms will be declined.*

I \_\_\_\_\_ hereby attest that the information contained herein is true and correct:  
(Print Name)

|   |                   |
|---|-------------------|
| AUTHORIZED SIGNATORY OF APPLICANT COMPANY | DATE (YYYY/MM/DD) |
|---|-------------------|