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|  | **NOTIFICATION OF COMMINGLED WELL PRODUCTION**  Phone: (250) 419-4400  Fax: (250) 419-4403 [reservoir@bc-er.ca](mailto:reservoir@bc-er.ca) | Date Received |



THIS IS AN AUDITABLE DOCUMENT

ALL COMPLETED FORMS ARE TO BE SUBMITTED ELECTRONICALLY TO [reservoir@bc-er.ca](mailto:reservoir@bc-er.ca)

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| **WELL INFORMATION** | | | | | | | | | | | | | | | | | | **A** |
| Purpose of Notification: | | | Initial Notice | | | | Amendment Notice | | | | | | | | | | | |
| Well Authorization No.: | | | | | | AD No.: | | | | | Well Name: | | | | | | | |
| Initial Commingled Production or Amendment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Approval Type:  (Check one) | Individual Well | | |  | Deep Basin Area | | |  | | Outer Foothills Area | | | | Plains Area | | Pool | | |
| **COMMINGLING INFORMATION** | | | | | | | | | | | | | | | | | | **B** |
| **Commingled Zones:** | | | | | | | | | | | | | | | | | | |
| Formation Name & Interval | | Unique Well Identifier  (16 Characters) | | | | | | | | | Deepest? | | Production Allocation Factor  (% of Total) | | | | | |
| Gas | | Condensate | | Water | |
| \_\_\_\_\_\_\_ mKB to \_\_\_\_\_\_\_ mKB | |  | | | | | | | | |  | |  | |  | |  | |
| \_\_\_\_\_\_\_ mKB to \_\_\_\_\_\_\_ mKB | |  | | | | | | | | |  | |  | |  | |  | |
| \_\_\_\_\_\_\_ mKB to \_\_\_\_\_\_\_ mKB | |  | | | | | | | | |  | |  | |  | |  | |
| \_\_\_\_\_\_\_ mKB to \_\_\_\_\_\_\_ mKB | |  | | | | | | | | |  | |  | |  | |  | |
| \_\_\_\_\_\_\_ mKB to \_\_\_\_\_\_\_ mKB | |  | | | | | | | | |  | |  | |  | |  | |
| Attached information as per approval requirement  For area based commingling approvals please attach the following;   * a schematic diagram of the wellbore completion, * flow data summary, * calculation of production allocation factors, and * a copy of the Completion/Workover report. | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | |
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| **ADMINISTRATION** | | | | | | | | | | | | | | | | | | **C** |
| Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Address: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| City, Province, Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **BCER USE ONLY** | | | | | | | | | | | | | | | | | | **D** |
| Data Entry Initials: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | Date of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |