

ERCB USE ONLY

Application Number: _____ Application Date: Month ___ Day ___ Year _____

Prior to the submission of this form, well licensees must have completed the well, submitted completion records to the ERCB through the Well Records System (WRS), and have available digital copies in LAS 2 format of the geophysical logs used to determine the top and base of shale intervals in the well listed in Section 2. This form and its required attachments must be sent to the **Control Well Coordinator** at the address below.

1. APPLICANT INFORMATION

Well Licensee Name _____	BA Code _____
Company Contact _____	Telephone _____
E-mail Address _____	Fax _____
Mailing Address _____	
Consultant Name _____	BA Code _____
Consultant Contact _____	Telephone _____
E-mail Address _____	Fax _____
Mailing Address _____	

2. BASIC INFORMATION REQUIREMENTS

Unique Well Identifier

____ / ____ - ____ - ____ W ____ / ____

Segregated Pressure Tests Have been conducted OR Will be conducted

Pressure Test Intervals	Proposed / Actual		Interpreted Shale Formation / Member	Segregated pressure tests conducted every 30 m
Top _____ mKB Base _____ mKB	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Top _____ mKB Base _____ mKB	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Top _____ mKB Base _____ mKB	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Top _____ mKB Base _____ mKB	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Top _____ mKB Base _____ mKB	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Top _____ mKB Base _____ mKB	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
Top _____ mKB Base _____ mKB	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Flow Test or Flow Meter Logging Has been conducted OR Will be conducted

Total Organic Carbon (TOC) Has been conducted OR Will be conducted

Note: TOC analyses must be performed every 5 m and submitted to the ERCB (refer to ST105: PVT and Core Studies Index).

3. COMPLETENESS CHECK

Digital geophysical logs in LAS 2 format are attached to this form. Completion records have been submitted to the ERCB through WRS.

Submission of this form to the ERCB confirms commitment by the well licensee, as noted above, to the initial and annual data requirements for Shale Gas Pressure and Flow Control Wells, in accordance with the *Oil and Gas Conservation Regulations*, Sections 7.025 and 11.145. Submission of this form acknowledges that all data filed with this form become publicly available at the time of submission to the ERCB and thereafter.

Signature _____ Date _____