DAY MONTH YEAR	APPLICATION #	APPLICANT'S FILE NUMBER
_____	_____	_____

The applicant certifies that the information provided here and in all supporting documentation is correct and in accordance with all regulatory requirements or as directed by the Alberta Energy Regulator.

SUBMISSION STATUS	SUBMISSION ID	CREATION DATE

1. APPLICATION TYPE

SPACING APPLICATION TYPE _____   DESCRIPTION

_____

APPLICATION SUBTYPE _____

2. NOTIFICATION REQUIREMENTS

-- Section 1 is not required for Rescind Spacing applications –-

3. APPLICATION AREA

	LSD	Section	Township	Range	Meridian
Rescind	_____	_____	_____	_____	_____

FORMATIONS

4. APPLICATION DETAILS

1.   What is the source of production?   _____

5. HOLDINGS OR UNITS

1.   Does your area of application include entire DSUs?   ☐Yes ☐No

2.   Enter the well density to be rescinded (well densities are per pool).

_____

3.   Enter the buffer zone distance to be rescinded.

_____

3a.   Enter the buffer orientation to be rescinded.   _____

4.   Is there an interwell distance to be rescinded?   ☐Yes ☐No

4a.   If yes, enter the interwell distance to be rescinded.

_____

6. SPECIAL DRILLING SPACING UNITS

-- This section is not required --