

APPLICATION FOR A GEOPHYSICAL LICENCE

In compliance with the Geophysical Regulation under The Oil and Gas Act, application for a geophysical licence is hereby made by:

_____ (name of applicant)

_____ (address of applicant)

() -
(telephone)

() -
(fax)

Manitoba
Corporation No. _____

Type of Geophysical Survey: _____

Area: Township(s) - Range(s) _____

Total Distance (km): _____ Energy Source: _____

Proposed Commencement Date: ____/____/____
YYYY MM DD

Proposed Completion Date: ____/____/____
YYYY MM DD

Name of Geophysical Operator: _____

Address of Geophysical Operator: _____

Responsible Agent of Applicant in Field: _____ () -
(telephone)

Shot Hole Programs:

CDP Coverage (%) _____

Shot Hole Depth (m): _____

Charge Size (kg): _____

Proposed Shot Hole Plug: _____

_____ (Date)

_____ (Signature of applicant)

For assistance in completing this for, contact the Waskada District Office at (204) 673-2472 for operations In Twp's 1 - 6 and the Virden District Office at (204) 748-4260 for operations north of Twp 7.

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