



**CORE EXAMINATION  
APPLICATION FORM**

Physical Address: 6534 Airport Road,  
Fort St. John, B.C. V1J 4M6  
Mailing Address: OGC, Bag 2, Fort St. John,  
B.C. V1J 2B0  
Phone: (250) 794-5200

Date Received:

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

Date of Examination (YY/MM/DD):	Number of tables required for examination:
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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.

**COMMISSION USE ONLY** **D**

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