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

THIS IS AN AUDITABLE DOCUMENT

ALL COMPLETED FORMS ARE TO BE SUBMITTED ELECTRONICALLY TO reservoir@bc-er.ca

|  |  |
| --- | --- |
| **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 requirementFor 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |