|  |  |  |
| --- | --- | --- |
| A picture containing text, clipart  Description automatically generated | **WELL** **NAME CHANGE****NOTIFICATION FORM**Physical Address: 6534 Airport Road,Fort St. John, B.C. V1J 4M6Mailing Address: 6534 100th Ave, Fort St. John, B.C. V1J 8C5Phone: (250) 794-5200assetmanagement@bc-er.ca  | Date Received |

THIS IS AN AUDITABLE DOCUMENT

|  |  |
| --- | --- |
| **ADMINISTRATION** | **A** |
| **Holder of Well Authorization** *Provide full incorporated legal name and address.* |
| Incorporation No.: |
| Name: |
| Address: |
| City: | Province: | Postal Code:  |
| Email: |
| **WELL NAME DETAILS** | **B** |
| Present Well Name: | Proposed Well Name:  |
| Well Authorization No.: | Tenure File No.: | Proposed Working Interests: |
| Present Well Name: | Proposed Well Name:  |
| Well Authorization No.: | Tenure File No.: | Proposed Working Interests: |
| **AUTHORIZATION** | **C** |
| **Authorized Signatory for Holder of Well Permit and Authorization** |
| Name: |
| Position: |
| Signature: |
| Date: |
| **APPROVAL – BCER USE ONLY** | **D** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approval Date (MMM/DD/YYYY) Authorized BCER Employee |