

Approval to Alter the Condition of a Well (ACW) Form

Operator: _____

Well Name: _____

Installation: _____

Application Date: _____

ACW Program Number: _____

Operations Authorization
Number: _____

Pursuant to section 17 of the *Canada-Newfoundland and Labrador Offshore Area Petroleum Operations Framework Regulations, SOR/2024-25*, this Approval to Alter the Condition of a Well is hereby granted subject to the following conditions:

1. The Operator shall comply with all conditions of the Operations Authorization under which the well operation is to be conducted;
2. This approval may be revoked if the Operator has not commenced well operations within six months of issuance of the approval; and,
3. The Operator shall comply with such other conditions as may be appended to this Approval.

Signed: _____
Chief Executive Officer (CEO)

Date: _____