

<b>PART 1: FACILITY COST CENTRE OPERATOR DETAIL</b>																							
1.1	CHECK ONE:	SETUP	CHANGE																				
1.2	DATE PREPARED	_____ (yyyy-mm-dd)      YR.    MO.    DY.																					
1.3	REASON FOR CHANGE _____																						
1.4	FACILITY COST CENTRE OPERATOR ID _____	1.5	FACILITY COST CENTRE OPERATOR NAME _____																				
1.6	CONTACT PERSON _____	1.7	TELEPHONE _____																				
<b>PART 2: FACILITY COST CENTRE</b>																							
		2.5	<input type="checkbox"/> REMAINING USEFUL LIFE (yrs)																				
2.1	_____ PROV. FAC.TYPE    ERCB FACILITY CODE	2.2	_____ DESCRIPTION OF ERCB FACILITY																				
2.3	_____ FACILITY COST CENTRE CODE	2.4	_____ DESCRIPTION OF FACILITY COST CENTRE																				
2.6	EFFECTIVE DATE _____ (yyyy-mm)      YR.    MO.	2.7	TERMINATION DATE _____ (yyyy-mm)      YR.    MO.																				
2.8	PREVIOUS FACILITY COST CENTRE CODE _____																						
2.9	REPORTED ERCB FACILITY CODE <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">PROV. FAC.TYPE</th> <th style="width:70%;">ERCB FACILITY CODE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	PROV. FAC.TYPE	ERCB FACILITY CODE									2.10	EFFECTIVE DATE _____ (yyyy-mm)      YR.    MO. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">PROV. FAC.TYPE</th> <th style="width:70%;">ERCB FACILITY CODE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	PROV. FAC.TYPE	ERCB FACILITY CODE								
PROV. FAC.TYPE	ERCB FACILITY CODE																						
PROV. FAC.TYPE	ERCB FACILITY CODE																						
<b>PART 3: CHANGE IN FACILITY COST CENTRE OPERATOR</b>																							
3.1	_____ NEW FACILITY COST CENTRE OPERATOR ID	3.2	_____ NEW FACILITY COST CENTRE OPERATOR NAME																				
		3.3	EFFECTIVE DATE _____ (yyyy-mm)      YR    MO																				
<b>PART 4: FACILITY COST CENTRE OWNERSHIP</b>																							
		4.1	EFFECTIVE DATE _____ (yyyy-mm)      YR    MO																				
4.2	4.3	4.4																					
CLIENT ID	FACILITY COST CENTRE OWNER NAME	% OWNERSHIP																					
		100	00000%																				
<b>PART 5: THIS FACILITY COST CENTRE COMPRISES PART OF A:</b>																							
5.1	FIELD COMPRESSION <input type="checkbox"/>	GATHERING <input type="checkbox"/>	PROCESSING																				
<b>PART 6: SHUT IN/REACTIVATION</b>																							
6.1	SHUT IN <input type="checkbox"/>	6.2	EFFECTIVE YEAR _____																				

