

**PART 1: CLIENT INFORMATION**

1.1	_____	1.2	_____
	BATTERY OPERATOR ID		BATTERY OPERATOR NAME
1.3	DATE PREPARED	1.4	_____
	YR. MO. DY.		CONTACT PERSON
		1.5	_____
			TELEPHONE

**PART 2: APPLICATION DETAIL**

Please attach to this application the necessary supporting documentation as outlined in the Section 2.8 of the *ERCB Directive 060: Upstream Petroleum Industry Flaring, Incinerating, and Venting*.

**PART 3: WELL IDENTIFIERS**

Please use page 2 of this application form to describe the unique well identifier(s) that are, or will be, tied to the battery listed in field 3.1. Only wells associated with the conservation project described in Part 2 above are to be included.

**PART 4: CERTIFICATION**

4.1	_____	4.2	_____
	AUTHORIZED SIGNATURE		TITLE OF AUTHORIZED PERSON
4.3	_____	4.4	_____
	NAME OF AUTHORIZED PERSON		DATE

**PART 4: DEPARTMENT USE ONLY**

	Effective Billing Period:	_____
		YR. MO.
Date Received		
<input type="text"/>		
	Apportionment Factor:	_____
		(blank = 1.00000)
		<input type="text"/>
		ERCB REASON CODE

