Government of Saskatchewan

# Reclamation Feedback Form

**The reclamation feedback is a required component of Saskatchewan's Acknowledgement of Reclamation (AOR) Program to ensure the Ministry of Energy and Resources (ER) personnel receive honest and accurate landowner(s) opinions on the reclamation of a site. Please be advised that completing this form does NOT constitute a surface lease release or have any relevance on the surface agreement between the licensee or landowner(s) identified below.**

## General Information (section to be completed by the Licensee)

Licensee: _____

Licence Number: _____ Former Site Operation Type: ◯ Well ◯ Facility

Surface ownership (to be completed based on current ISC surface title information):

| | REGISTERED SURFACE OWNER(S) NAME and where applicable name of authorized designate | SURFACE LOCATION (i.e LSD-SEC-TWP-RGE W MER) |
|---|---|---|
| SITE | | |
| ACCESS | | |

Signatures from all of the registered surface owner(s) or their authorized designate listed above must be obtained for a routine AOR application submission. Multiple surface owner(s) residing at the same address may complete one form containing all applicable signatures.

### Declaration

Please check off the appropriate boxes indicating that the required information was completed in accordance with the AOR Directive and accompanies this form.

- ☐ Questions 1 to 3 of the Reclamation Feedback Section have been completed, where applicable.
- ☐ Current surface titles, for the site and associated access road are attached.
- ☐ Well/facility survey is highlighted and attached.
- ☐ Disclosure information (i.e. underground pipelines, flowlines, etc) is attached, where applicable.
- ☐ Authorized designate documentation (i.e. letter from registered surface owner(s), power of attorney, or any other document which demonstrates authority to act on behalf of a registered surface owner) is attached, where applicable.

I hereby certify that I am authorized to represent the licensee and that all information is accurate and has been provided. I also certify that if contacted by the landowner I shall provide any necessary information to aid them in completing this form.

Contact Name: _____ Title: _____

Company Name: _____

Phone #: _____ Email: _____

Mailing Address _____

City _____ Province _____ Postal Code _____

# Landowner Reclamation Feedback (Please state any feedback you have regarding the site, positive or negative)

**Please direct any questions regarding this form to the licensee contact listed on the first page.**

I, the registered landowner or designate of the applicable above-mentioned lands, hereby acknowledge that:

1. I have requested the reclaimed land use differ from the historical land use. If yes, please provide the details of the changes made to the land use in the comments section below and indicate the area on the attached survey. ☐ N/A ☐ Yes

2. I authorize the following "improvements" (highlighted in red on the attached survey) to remain in place with no obligation for the licensee to return and remove or maintain these improvements: ☐ N/A ☐ Yes

☐ gate ☐ fence ☐ cement pad ☐ approach ☐ access (approx. length _____ m) ☐ pit or dugout (approx. size _____ m X _____ m)

☐ other: _____

3. I have been advised that a portion of the above-mentioned lands (highlighted in green on the attached survey) are being used by another licenced well/facility operation at this time and will be reclaimed at a later date. ☐ N/A ☐ Yes

## Landowner or Designate Comments

It is the obligation of the licensee to reclaim all lands affected by oil and gas activity, inside or outside of the surveyed lease. Please use the below box to provide your thoughts (positive or negative) about the site and how it compares to the surrounding area. This should be specific and detailed so that the licensee can address all of your concerns. ER personnel will use the information provided in their final decision on whether to approve or deny the AOR application. ER will contact landowners when concerns between landowners and licensees cannot be resolved. You have the right to request an on site meeting to discuss your concerns with the licensee, and you can request to receive the AOR package be delivered to you once it is complete. If you need more space than the below box, please attach additional pages to the form.

## Landowner or Designate Contact Information (required as ER may contact you, can be filled out by Licensee or Landowner)

Name (PRINTED): _____

Mailing Address: _____

Phone #: _____ E-mail (optional): _____

I, the registered surface owner or authorized designate, hereby certify that to the best of my knowledge the information I have supplied regarding the site is accurate and complete. (Your signature below does not indicate "sign-off" of the lands or surface lease.)

_____ Landowner or Authorized Designate Signature

_____ Date Signed (Month Day, Year)