

Telephone: 306-463-5447  
 Fax: 306-463-5449  
 Email: surfacerightsboard@gov.sk.ca

Surface Rights Board of Arbitration  
 113 – 2<sup>nd</sup> Avenue East  
 P.O. Box 1597  
 Kindersley SK S0L 1S0

This form is for applicants seeking to compel an operator to honour its payment obligations pursuant to a lease, agreement, or Board order for surface rights.

You must use a separate form for each surface lease, agreement or Board order and ensure that at least three (3) months have passed since payment was due before you submit an application to recover any compensation owed.

**You must also serve a copy of the completed form and any accompanying documents on the operator and also file the completed form and accompanying documents with the Board with proof of service upon the operator.**

**If the operator wishes to object to this application, the operator must serve a Notice of Objection and any accompanying documents on the applicant(s) and file the completed Notice of Objection and any accompanying documents with the Board within 30 days after being served with this application.**

## Part 1 – Contact Information

### APPLICANT(S)

Name (Last)		(First)	Contact Telephone Number ((000) 000-0000)		
Company Name (Optional if applying as an Individual)					
Mailing Address (Street, PO Box)	(Suite, Apartment)	(Town/City/Village)	(Province)	(Postal Code)	
E-mail address (By providing an e-mail address I consent to receive documents by e-mail:					Applying as Company <input type="checkbox"/> Individual <input type="checkbox"/>

### OPERATOR

Company Name (if Operator is an entity)					
Mailing Address (Street, PO Box)	(Suite, Apartment)	(Town/City/Village)	(Province)	(Postal Code)	
Contact Name (Last)		(First)	Contact Telephone Number ((000) 000-0000)		
E-mail address:					

## Part 2 - Recovery of Compensation

Land Description:(Quarter)	(Section)	(Township)	(Range)	(Meridian)	(Legal Subdivision)

The Agreement/Lease/Order is for: <input type="checkbox"/> wellsite <input type="checkbox"/> wellsite and roadway <input type="checkbox"/> roadway <input type="checkbox"/> pad site <input type="checkbox"/> other				
Date of Original Agreement/Lease/Order: (YYYY/MM/DD)			Current Compensation Rate:	

**Payment Information**

Amount Claimed	Date(s) Owed	Comments

Use the box below to describe the reason(s) you are applying to the Board for an order for payment. Include any facts you feel are important for the Board to know, including details of the lease, agreement or Board order, the date of the last payment made and any attempts you have made to pursue payment. If you run out of space, please attach a separate page to the Application.

**Part 3 – Supporting Documentation**

You must include a photocopy of at least **one** of the following as evidence to support your claim – check where appropriate. (Ensure that any separate pages are attached when submitting your application by e-mail.) If you are unable to provide documented evidence to support your application and would like to proceed without it, use the space below to indicate your reasons. If you run out of space, please attach a separate page to the Application.

- A copy of the original Lease or Agreement, including the survey plan (if available) OR reference to the Board order granting compensation.
- A copy of the most recent amendment to your Lease or Agreement, referencing the date of the original Agreement, the land description and the compensation payable.
- A copy of the annual letter you received from the Operator the last time you were paid, referencing the date of the original Lease or Agreement, the land description and the compensation payable.

*You may also include any other documents that may assist the Board in understanding the whole picture, i.e. correspondence between Applicant(s) and Operator, documentation demonstrating attempts at collection of compensation. Please detail any such documentation below or by attaching a separate page to the Application.*

**Part 4 - Declaration**

It is important that you fill out the statements in this part of the application accurately and completely and that ALL the persons entitled to the compensation sign the application form. Personal representatives are not permitted to sign the application on behalf of the Applicant(s).

In support of my/our application,

I DO SOLEMNLY DECLARE THAT:

- 1. The payment obligations under the surface lease or agreement, or Board order described in part 2 of this application, remain outstanding;
- 2. I am (choose one):
  - the person entitled to annual payments under that lease, agreement, or order;
  - one of the persons jointly entitled to payments under that lease, agreement, or order;
  - a representative of the corporation entitled to the annual payments under that lease, agreement or order, and I have personally informed myself of the relevant and material records and information pertaining to the corporation's application;
- 3. I understand that I am responsible for providing evidence in support of my claim.
- 4. I understand that this form is part of the evidence I am asking the Board to rely upon.
- 5. I understand that by signing this form I am confirming that all information provided herein is true.

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Signature

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Signature

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