

WIP Reimbursement - Working Interest Summary

Licence: Well Facility

Licensee Name: BA ID:

Defunct WIP Name: BA ID (if applicable):

Applicant's Last Date of Communication with Defunct WIP:

Last Known Contact Information of Defunct WIP:

Contact Name:

Address:

Phone Number:

Email Address:

Status in Corporate Registry:

Insolvencies?:

If yes, proceedings completed?:

Please provide any other relevant information to support your claim:

Working Interest Participants (if more space is required than is provided, please attach on separate page):

WIP Full Legal Name	WI %

Total (must equal 100%):

Estimated amount of reimbursement being requested:

Declaration:

I hereby declare that:

has no relation to

and there are no directors and officers in common.

To my knowledge, there is no surviving parent or subsidiary companies of the defunct WIP.

To the best of my knowledge, the information here and in all supporting documentation is true and accurate.

Signature:

Date:

Name:

Phone Number:

Email Address: