



SURRENDER FORM (Oil Sands)

Applicant Name _____

Address _____

Applicant File Number(s) _____

We are the designated representative **OR** Attached is a letter of authorization from the designated representative as we are not the designated representative

Agreement(s) (type and number) being surrendered or affected by surrender

If surrender is a part only of location of the agreement(s), describe part

(Mer Rge Twp: Sec)

Surrender to be effective on: _____

(YY-MM-DD)

We confirm that we have obtained the consent of all registered lessees.

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Signature of Applicant	Name	Title	Date YY-MM-DD	Phone number

Note: This document may be faxed. **If faxed please do not mail originals.**

FORWARD COMPLETED APPLICATION TO:

Alberta Department of Energy (ADOE)

Oil Sands Operations
Business Unit
9915 - 108 Street
Edmonton, AB T5K 2G8

OR

Information Centre
300, 801 - 6th Avenue SW
Calgary, AB T2P 3W2

ADOE Website: <http://www.energy.gov.ab.ca>

Phone (780) 427-7425
Fax (780) 422-0692

??? **QUESTIONS** ???

Please phone during business hours
8:15 - 4:30, Monday to Friday
Ask for "Oil Sands Tenure"