

SURRENDER FORM

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.

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

Tenure Business Unit
9945 - 108 Street
Edmonton, AB T5K 2G6

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

Website: http://www.energy.gov.ab.ca

Phone (780) 427-7425

Fax (780) 422-1123

??? QUESTIONS ???

Please phone during business hours

8:15 - 4:30, Monday to Friday

Ask for "Continuations"