



GEOPHYSICAL OPERATIONS PLAT

Approved by CAGC
CAPP, SEPAC, FAO, SRD
Page ____ of ____

Note: The Features on this Plat are approximate in scale. The location of the seismic line(s) are approximate and access may vary depending upon the survey, the terrain and obstacles. Cross-hatched portions of the plat do not relate to this permit.

2D 3D
 Helicopter Ops
 24 HR. Ops

ENERGY SOURCE:
 Dynamite
 Vibroseis

 (OTHER)

Line No.

<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented	_____	of Section _____	TWP _____	RGE _____	W _____	M _____
<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented	_____	of Section _____	TWP _____	RGE _____	W _____	M _____
<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented	_____	of Section _____	TWP _____	RGE _____	W _____	M _____

Yes No WATER: crew may detour around or use existing crossings

Creeks, River _____

Sloughs, Low Areas, Muskeg

Irrigation, Canals, Water Lines, U/G Power

Prior Flowing Holes, depth _____

Drill Water/Temp Div Lic _____

Yes No WATER SUPPLY: In Use Locations and Comments

<input type="checkbox"/> <input type="checkbox"/> (W) Domestic Well	<input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> (W) Livestock Well	<input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> (S) Spring	<input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> (D) Dugouts	<input type="checkbox"/>	_____
<input type="checkbox"/> <input type="checkbox"/> (W) Well in Pits	<input type="checkbox"/>	_____

Yes No VEGETATION / LIVESTOCK:

Crops (Type, Date, etc.) _____

Trees / Brush

Mechanical Cut _____ ft/m

Chainsaw Cut _____ ft/m

Livestock (Type, Date, etc.) _____

Yes No SNOWPLOWING:

Cat Width approx. _____ ft/m

Tractor Width approx. _____ ft/m

Snow Cover

Yes No FENCES: Grantor will be compensated to repair fences **xx** (**xx**)

Cut

Drop

Use Gates

Yes No BUILDINGS:

Concrete Foundation / Pads

Other: _____

Yes No ACCESS: _____

Access or detour as required (indicate approx. location)

Crew Staging / mag site

Yes No UTILITIES:

Gas / Oil Wells

Pipelines

Overhead Powerlines

Underground Utilities

I declare that I have the legal authority or the consent of the Owner, or party lawfully in possession of the Lands, to execute this form and accept payment of permit fees and damage fees of which part or all maybe payable on behalf of the Owner or such party. I further do hereby understand and agree to this statement. As required by legislation, be aware that you, the Grantor, are giving consent for the collection and use of the personal information on this form for the purpose of conducting and completing geophysical operations.

Owner Name: _____	Owner Signature: _____	Date: _____, 20____
Lessee/Renter/ Representative Name: _____	Lessee/Renter/ Representative Signature: _____	Date: _____, 20____

PROJECT NAME: _____	FILE NO.: _____
Permit Agent: _____	Permit Agent Signature: _____ Date: _____, 20____

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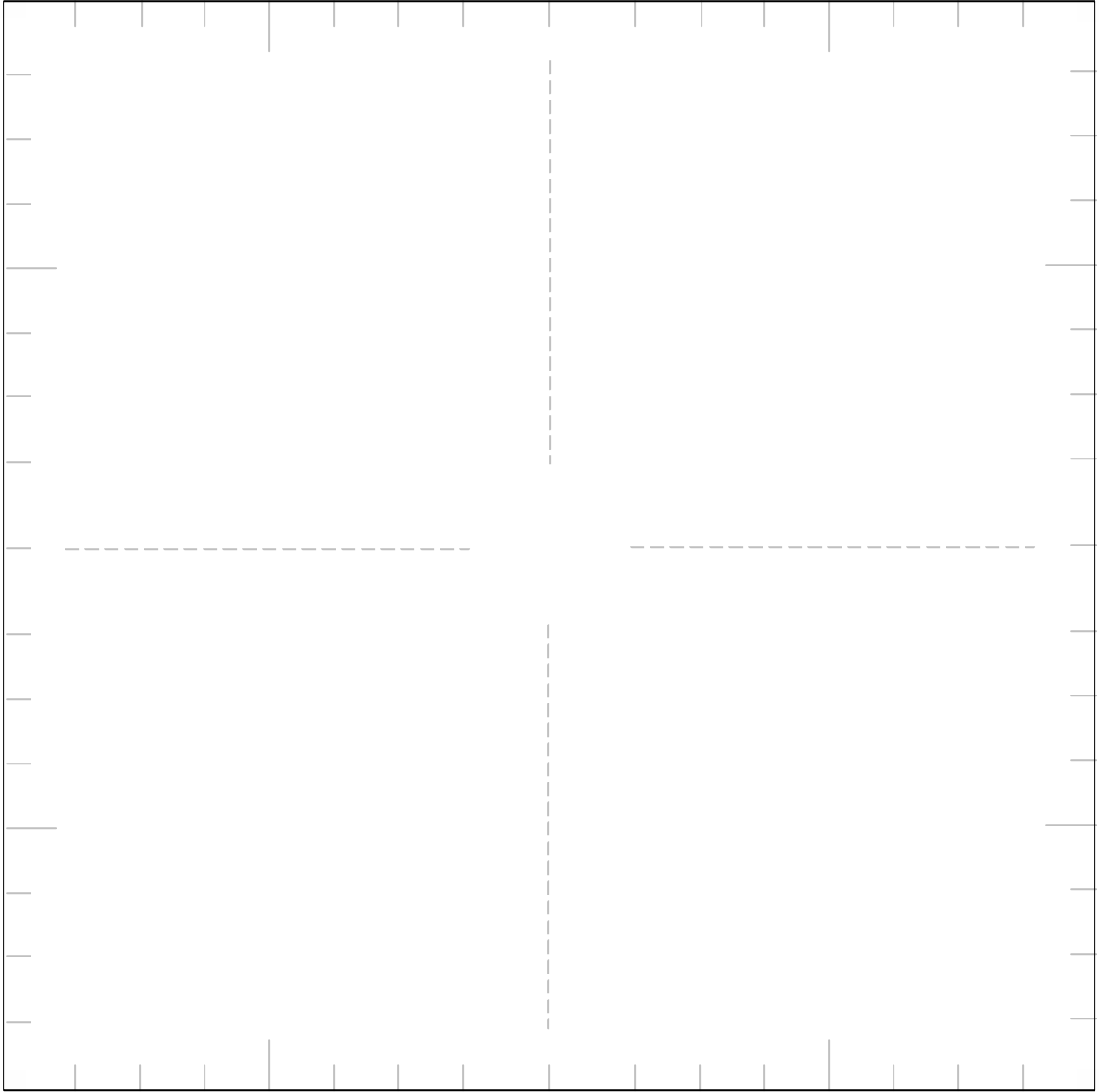
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- Creeks, River _____
 - Sloughs, Low Areas, Muskeg
 - Irrigation, Canals, Water Lines, U/G Power
 - Prior Flowing Holes, depth _____
 - Drill Water/Temp Div Lic _____

- Yes No WATER SUPPLY:** In Use Locations and Comments
- (W) Domestic Well _____
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- Gas / Oil Wells
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