Consent to the Disclosure of Information Related to Hydraulic Fracturing Operations

Subject to its obligations under section 101 of the Canada Petroleum Resources Act (CPRA), the National Energy Board (NEB) wishes to provide public access to information about wells regulated under the Canada Oil and Gas Operations Act (COGOA) on which hydraulic fracturing was conducted including, among other things, the well name, the well operator name, the well identification, the well location, the well classification, the well total vertical depth and data on the hydraulic fracturing operations such as the fracture date, the number of stages, the total water volume, hydraulic fracture fluid ingredients, combinations and concentration of chemicals (the Information). The Information would be disclosed on the FracFocus.ca website.

The NEB acknowledges that paragraphs 101(7)(a) to (c) of the CPRA establish certain privilege periods for information or documentation obtained as a result of carrying on a work or activity that is authorized under the COGOA, namely, information or documentation in respect of the specific wells referred to in paragraphs 101(7)(a) to (c) of the CPRA.

By signing this form, you are providing your written consent to the disclosure of the Information during the privilege period specified in paragraphs 101(7)(a) to (c) of the CPRA for the well that you have specified. The Information is to be submitted to the NEB thirty (30) calendar days after the completion of the hydraulic fracturing operation. The Information for the well will then be disclosed on the Fracfocus.ca website.

By providing your consent to the disclosure of the Information, you hereby release the NEB, its officers, agents or employees from any claims, demands, losses and liability arising out of or related to the disclosure of the Information.

You hereby affirm that you have read and fully understand this Consent to the disclosure of the Information and Release of Liability.

___________________________________  _____________________________
Name of Operator     Date

___________________________________              _____________________________
Signature of Officer, on behalf of Operator   Name of Officer (print)

Well Name:_______________________________________

WID:________________   Fracture Finish Date:_________________________