**STATE OF WESTERN AUSTRALIA**

**Legislative Area :**

**OPERATIONAL DATA SUBMISSION**

|  |  |
| --- | --- |
| **Reference No.** |  |
| **Group** |  |
| **Title** |  |

1. **Lodging Party**

|  |  |  |
| --- | --- | --- |
| **Company Name** | **ACN** | **ABN** |
|  |  |  |
| **Contact person regarding this application** | **Position Held** |
|   |  |
| **Phone** | **Fax** | **E-mail** |
|  |  |  |
| **Postal Address** |
|   |
| **Suburb** | **State** | **Postcode** |
|  |  |  |
| **Country** |
|  |
| **Street Address** |
|   |
| **Suburb** | **State** | **Postcode** |
|  |  |   |
| **Country** |
|   |

1. **Details**

|  |  |
| --- | --- |
| **Survey** |  |
| **Survey Type** |   |
| **Line Prefix** |  |
| **Permit Year** |  |
| **Work Program Commitment** |   |
| **Multi-client or non-exclusive?** |  |
| **Title Number(s)** |  |

|  |  |
| --- | --- |
| **Well Name** |  |
| **Latitude Location** |  |
| **Longitude Location** |  |
| **Datum in GDA 94?** |   |
| **Work Program Commitment** |  |
| **Permit Year** |  |

1. **Report/data/samples Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sub-Group** | **Data Type** | **Format** | **Media** |
|   |   |   |   |

1. **Other Information**

|  |  |
| --- | --- |
| Please input any other matter(s) that the applicant wishes to submit in relation to this application: |   |
| Please attach any other documentation that the applicant wishes to submit in relation to this application: |   |

1. **Summary of Media**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Data Type** | **No. of CDs** | **No. of DVDs** | **No. of portable hard drive/USBs** | **No. of cartridges (3592, LTO)** | **No. of Attachments** |
|   |   |   |   |   |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Number of Media** |  |  |  |  |  |