



Province of British Columbia

BC-26 APPLICATION FOR A COALBED METHANE PRODUCER COST OF SERVICE ALLOWANCE

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Months Operating in Calendar Year		Actual Claim For Calendar Year		Estimated Claim For Calendar Year	
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FACILITY	
Facility Code	

LAND	COSTS INCURRED \$	
Land Cost		

DEPRECIABLE CAPITAL ADDITIONS (DISPOSALS)	COSTS INCURRED \$	
1.		
2.		
3.		
4.		
Net Depreciable Capital Additions (Disposals)		

DEPRECIATION	CAPITAL DEPRECIATION \$	
Opening Balance of Undepreciated Capital as at January 1		
Total Undepreciated Capital (before depreciation)		
Prorated Depreciation		
Closing Balance of Undepreciated Capital as at December 31		

DIRECT OPERATING COSTS	DIRECT COSTS INCURRED \$			DIRECT COSTS INCURRED \$	
Labour			Direct Insurance		
Materials			Property Taxes		
Chemicals			Camp Costs		
Transportation			Water Handling Costs		
Contract Services			Other		
Utilities			Other		
Maintenance			Total Direct Operating Costs		
Purchased Fuel Gas			Overhead Allowance		
Telecommunications			Total Direct Operating Costs		

WORKING CAPITAL ALLOWANCE		
Working Capital Allowance		

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RATE BASE		
Rate Base		
Return on Rate Base		

ACTUAL CBM PCOS ALLOWANCE RATE AND CARRY-FORWARD		
Total CBM PCOS Costs		
CBM PCOS Allowance Carry-Forward (Prior Year)		
Actual Raw Gas Production Volume (1000 cubic metres raw gas)		
Actual CBM PCOS Rate (Current Year)		
Approved CBM PCOS Rate		
Total CBM PCOS Allowance Applied		
CBM PCOS Allowance Carry-Forward (Current Year)		

ESTIMATED CBM PCOS ALLOWANCE RATE		
Estimated Total CBM PCOS Costs		
CBM PCOS Allowance Carry-Forward (Current Year)		
Estimated Raw Gas Production Volume(1000 cubic metres raw gas)		
Estimated CBM PCOS Rate (\$ / 1000 cubic metres)		

ESTIMATED TOTAL CBM PCOS COST ALLOWANCE		
Opening Balance of Undepreciated Capital		
Depreciable Capital Additions (Disposals)		
Total Undepreciated Capital		
1. Prorated Depreciation		
Closing Balance of Undepreciated Capital		
2. Direct Operating Costs (DOC)		
3. Overhead Allowance (10% of DOC)		
Estimated Total Operating Costs		
Working Capital Allowance		
Rate Base		
4. Return on Rate Base		
Estimated Total CBM PCOS Costs		

FACILITY OPERATOR		
I hereby certify that the information provided on this form and in supporting documentation is correct.		
Signature	Telephone	()
Name	Fax	()