



Notice of intention to carry out seismic survey or scientific or technical survey

Petroleum and Gas (General Provisions) Regulation 2017 and
Geothermal Energy Regulation 2022
Form Number PA-21A Version Number 5

Mines ABN 59 020 847 551

Please use a pen and write neatly using **BLOCK LETTERS**. If there is insufficient space, provide attachments. Cross where applicable

☐ Further information and copies of forms can be obtained from the department or from our website:

<https://www.business.qld.gov.au/industries/mining-energy-water>

Note: Pursuant to section 813 of the *Petroleum and Gas (Production and Safety) Act 2004* and section 332 of the *Geothermal Energy Act 2010* a document containing information that is false or misleading may attract a maximum penalty of 500 penalty units.

If completing this form in writing, please print clearly in ink and use block letters. If there is insufficient space, use attachments.

The original of this Notice should be submitted electronically to the Department through the [GSQ Lodgement Portal](#) at least 10 business days before the survey starts.

A copy of this notice must be served on each landowner and occupier at least 10 business days before the survey starts.

1. Permit details

Indicate the type and number of the petroleum authority the survey is to be conducted within or, for a data acquisition authority, the petroleum tenure to which the data acquisition authority relates.

Permit type	Number	Authorised holder name

2. Survey details:

2.1	Type of survey:	
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For example, seismic, geophysical, geochemical, geotechnical, aerial etc.

2.2	If seismic survey 2D or 3D:	
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2.3	Operator name:	
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2.4	Identifying name or code for the survey:	
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2.5	Date of commencement:	
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2.6	Expected duration:	
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2.7	Line Spacing (magnetics):	
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2.8	Station density (gravity):	
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2.9	Area (km sq) or line km (where applicable):	
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2.10	Energy Source (where applicable):	
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3. Local tenure contact details

3.1 Provide the contact name and details of the tenure holder or an authorised person who may be contacted to discuss any matters stated in this notice.

Name:			
Company:			
Address:			
Town/City:		State:	
		Postcode:	
Country:		Phone no.:	
Mobile no.:		Fax no.	
Email:			

4. Signature of holder or authorised person

By signing you confirm that the relevant sections of the *Petroleum and Gas (Production and Safety) Act 2004* or *Petroleum Act 1923* or *Geothermal Energy Act 2010* and their associated regulations will be complied with, and that the information contained within this notification is true to the best of my knowledge.

Print name:		Signature:	
Position:		Date:	
Company:			

5. Attachments

Attachment A Map This map must clearly show: <ul style="list-style-type: none">• Location of the area to be surveyed• Existing land tenure• Location of any other known wells, water bores, previous surveys and public utilities.	<input type="checkbox"/>
Attachment B Proforma	<input type="checkbox"/>

Additional requirements

A copy of this notice must be served on each landowner and occupier of the land you entered to undertake activities.

I acknowledge that a copy of this notice will be served on each landowner and occupier of the land	<input type="checkbox"/>
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ATTACHMENT B

PROFORMA FOR THE NOTIFICATION OF AERIAL GEOPHYSICAL SURVEY NOTIFICATION OF AERIAL SURVEY

SURVEY DETAILS:

Open File Flag: Y N 'Y' is for non-confidential data (OFFICE USE ONLY)

Survey Name: _____ Date Flown: / /

Client Name: _____

Air Survey Type Code: Exploration Multiclient Open Range Departmental (OFFICE USE ONLY)

Contractor: _____

Total Line: _____ km Line Interval: _____ m

Line Direction: _____ Tie Line Interval: _____ m

Tie Line Direction: _____ Mean Terrain Height: _____ m

ASSOCIATED TENURES:

Tenure Type:	Tenure Number(s):		Tenure Type:	Tenure Number(s):	

For 'Tenure Type' use: **ATP** or **PL**

ASSOCIATED EXPLORATION REPORTS (OFFICE USE ONLY)

Main Report No.: _____ Other Reports: _____

TECHNICAL SPECIFICATIONS:

Magnetic Instrument Type: _____

Configuration: _____

Read Interval: _____ m Read Interval: _____ s

Radiometric Instrument Type: _____

Crystal Volume: _____

Read Interval: _____ m Read Interval: _____ s

EM Instrument Type: _____

Receiver Height: _____

Read Interval: _____ m Read Interval: _____ s

Gravity Instrument Type: _____

Configuration: _____

ADDITIONAL INFORMATION:

A survey coverage polygon depicting ground covered by the survey is required. The preferred format for the polygon node co-ordinates is ASCII format.