|  | **WELL INSPECTION REPORT** | | |  |
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|  | **INSTRUCTIONS:** |  |  |
|  | 1. Complete both pages. | 2. Send one electronic copy of this form and supporting technical documentation by email to [orogo@gov.nt.ca](mailto:orogo@gov.nt.ca). | 3. Send one signed hard copy of this form and supporting technical documentation by courier to:  Chief Conservation Officer  Office of the Regulator of Oil and Gas Operations  4th floor Northwest Tower  5201 50th Avenue  Yellowknife NT X1A 3S9 |
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|  | **WELL INFORMATION** | | | | |  |
|  | Well Name: |  | | | |  |
|  | Coordinates: ***(verify onsite)*** | Lat**:** | °       ‘       “ | Long: | °       ‘       “ |  |
|  |  | Datum: |  |  |  |  |
|  | Well Operator: |  | | Status: |  |  |
|  | Current Inspection Date: |  | | WID: |  |  |
|  | Previous Inspection Date: |  | | Completed in H2S zone? | % of H2S: |  |
|  | |  | | | | |

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|  | EVALUATION | | | | | | |  |
|  | **Site** | | |  | | | |  |
|  | Accessible for inspection and monitoring? | | |  | | | |  |
|  | Equipment or debris on site? | | |  | | | |  |
|  | Additional clean up required? | | |  | | | |  |
|  | Any environmental or safety concerns? (see Note 1) | | |  | | | |  |
|  | Number of photos attached? (required) | | | (wellhead, valves, signage and site area, other) | | | |  |
|  | **Wellhead** | | |  | | | |  |
|  | Wellhead accessible for inspection and monitoring? | | |  | | | |  |
|  | Brush cleared 10m around wellhead? | | |  | | | |  |
|  | Visible well marker in place? | | |  | | | |  |
|  | Wellhead chained and locked? | | |  | | | |  |
|  | Pumpjack secure? | | |  | | | |  |
|  | Wellhead valves operate freely? | | |  | | | |  |
|  | Surface casing vent open? | | |  | | | |  |
|  | Pressure test well head seal assembly? | | |  | | | |  |
|  | Pressure rating of all components: | | |  | | | |  |
|  | Wellhead schematic attached? (required) | | |  | | | |  |
|  |  | | |  | | | |  |
|  | **SCVF / Gas Migration** | | |  | | | |  |
|  | Evidence of SCVF? **Note 1** | | |  | | | |  |
|  | SCVF test conducted? | | |  | | | |  |
|  | Signs of gas migration outside surface casing? **Note 1** | | |  | | | |  |
|  | Gas migration test conducted? | | |  | | | |  |
|  | **Well** | | |  | | | |  |
|  | Does well contain tubing? | | |  | | | |  |
|  | Does well contain pump and rods? | | |  | | | |  |
|  | Is there a packer/plug above the perfs? | | |  | | | |  |
|  | Are tapped bull plugs in place? | | |  | | | |  |
|  | Shut in production casing pressure: | | kPa **Note 2** | | | Shut in intermediate casing pressure: | kPa **Note 2** |  |
|  | Shut in production tubing pressure: | | kPa **Note 2** | | |  |  |  |
|  | Include any other readings taken:  (Use separate page(s) if needed) |  | | | | | |  |
|  |  | | | |  | | |  |
|  | **Note 1:** As per Section 75 of the Oil and Gas Drilling and Production Regulations, it is the responsibility of the operator to notify OROGO of any pollution incident as soon as possible. | | | | **Note 2:** Indicate any change in pressure since last inspection. | | |  |
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|  | **COMMENTS:** |  |  |
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|  | ***“I certify on the basis of personal knowledge of operations undertaken at the above named well that the above information is accurate.”*** | | | | |  |
|  | Name |  | Phone | | (   )       Ext |  |
|  | Title |  | E-Mail | |  |  |
|  | Operator |  | Inspected by | |  |  |
|  | Signature |  | Date |  | |  |
|  |  | *Responsible Officer of Company* |  | | |  |

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|  | **OROGO use only** | | | |
|  | The details of this document have been examined and verified by: | | | |
|  |  |  |  |  |
|  |  |  | Job Designation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Well Identifier | *\_\_\_\_\_\_\_\_\_\_\_* | Signature | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Authority* |
|  | Unique Well Identifier | 30\_/ \_\_\_\_ \_\_\_-\_\_\_ \_\_\_-\_\_\_ /\_\_  (eg.300 / A01 60-00 120-00 / 0) | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |