|  | **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. | 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |