|  | **WELL TERMINATION RECORD** | | | |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |
|  | **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). If you wish to communicate with OROGO in hard copy, please do so using the courier address found at [www.orogo.gov.nt.ca](http://www.orogo.gov.nt.ca). | | | |  |
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| --- | --- | --- | --- | --- | --- |
|  | **WELL INFORMATION** | | | |  |
|  | Well Name |  | Operator |  |  |
|  | Well Type | (if Other, specify \_\_\_\_\_\_\_) | Contractor |  |  |
|  | Well Identifier |  | Current Well Status |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **RELATED LICENCES AND AUTHORIZATIONS** | | | | | |  |
|  | Operating Licence No. |  | | Operations Authorization | | OA - |  |
|  | PRA Licence No. |  | | Approval to Alter Condition of Well | | ACW - |  |
|  |  |  |  | |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **LOCATION INFORMATION** | | | | | | | | | | | | | |  | |
|  | **Coordinates** | | Datum: | | | (if Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | |  |  |  | |
|  |  | | *Surface* | | | Lat | | °       ‘       “ | | | Long | | °       ‘       “ | |  | |
|  |  | | *Bottom Hole* | | | Lat | | °       ‘       “ | | | Long | | °       ‘       “ | |  | |
|  | Region: |  | | Unit |  | | Section | |  | Grid | | -         - | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ACTIVITY INFORMATION** | | | |  |
|  | Target Formation(s) |  | Field/Pool(s) | / |  |
|  | Elevation KB/RT | m | Ground Level / Seafloor | m |  |
|  | Spud/Re-entry Date | days | Total Depth | m KB |  |
|  | Rig Release Date |  | Total Vertical Depth | m KB |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | **CASING AND CEMENTING PROGRAM** | | | | | |
|  | O.D. (mm) | Weight (kg/m) | Grade | Setting Depth (m KB) | Cementing (m3) |  |
|  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
|  | **PLUGGING PROGRAM** | | | | | |
|  | Type of Plug | Interval (m KB) | Felt | Setting Depth (m KB) | Cementing (m3) |  |
|  |  | - |  |  |  |  |
|  |  | - |  |  |  |  |
|  |  | - |  |  |  |  |
|  |  | - |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PERFORATION** | | |
|  | Interval (m KB) | Comments |  |
|  | - |  |  |
|  | - |  |  |
|  | - |  |  |
|  | - |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **OTHER** | | | |
|  | Lost Circulation/Overpressure Zones | |  |  |
|  | Equipment Left on Site (Describe) | |  |  |
|  | Provision for Re-entry (Describe and attach sketch) | |  |  |
|  | Other Downhole Completion/Suspension | |  |  |
|  | Additional Comments |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***“I certify that the information provided on this form is true and correct”*** | | | | |
|  | Name |  | Phone | (   )       Ext |  |
|  | Title |  | E-Mail |  |  |
|  | Operator |  |  |  |  |
|  | Signature |  | Date |  |  |
|  |  | *Responsible Officer of Company* |  |  |  |