|  | **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. 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 |  |  |
|  |  |  |  |  |  |

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

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

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| --- | --- | --- |
|  | **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 |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **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 |  |
|  |      -      |       |  |
|  |      -      |       |  |
|  |      -      |       |  |
|  |      -      |       |  |

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| --- | --- |
|  | **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* |  |  |  |