|  | **CHANGE OF WELL STATUS** |  |
| --- | --- | --- |
|  | This form must be filed with the Office of the Regulator of Oil and Gas Operations within 30 days of a change in well status.   |  |
|  | **INSTRUCTIONS:** |  |  |  |
| Send one electronic copy of this form 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 Identifier (WID) |       | Unique Well Identifier (30xx…) |       |  |
|  |  |  |  |  |  |

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| --- | --- | --- |
|  | **STATUS INFORMATION** |  |
|  |  |  |  |  |  |  |  |  |
|  | Effective Date: |       |  | Fluid Production: |  | (choose all applicable) |  |  |
|  |  |  |  | Not applicable | [ ]  | Steam | [ ]  |  |
|  | Well Type: |  |  | Crude Oil | [ ]  | Air | [ ]  |  |
|  | If other, specify: |       |  | Gas | [ ]  | Carbon Dioxide | [ ]  |  |
|  | Well Mode: |  |  | Water | [ ]  | Nitrogen | [ ]  |  |
|  | If other, specify: |       |  | Brine | [ ]  | Liquefied Petroleum Gas | [ ]  |  |
|  | Other: |       |  | Acid Gas | [ ]  | Bitumen | [ ]  |  |
|  | If other, specify: |       |  | Solvent | [ ]  | Other        | [ ]  |  |
|  |  |  |  |  |  |  |  |  |

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|  | ***“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* |  |  |