|  | **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](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). | | | |
|  |  | |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **WELL INFORMATION** | | | |  |
|  | Well Name |  | Operator |  |  |
|  | Well Identifier (WID) |  | Unique Well Identifier (30xx…) |  |  |
|  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***“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* |  | | |  |