# Well Inspection Report

## Instructions

|  |  |
| --- | --- |
| * Complete all pages. * Sign and submit electronically within 30 days of the well inspection to [orogo@gov.nt.ca](mailto:orogo@gov.nt.ca). * If you wish to submit a hard copy, please use the courier address at [www.orogo.gov.nt.ca/contact-us](http://www.orogo.gov.nt.ca/contact-us). * Refer to the [*Well Suspension and Abandonment Guidelines and Interpretation Notes*](https://www.orogo.gov.nt.ca/sites/orogo/files/resources/2022-05-25_-_revised_well_suspension_and_abandonment_guidelines_and_interpretation_notes.pdf) (May 2022) for details on well inspection requirements. * Report in metric units. | Required attachments:  Photos of wellhead and well site *(Include descriptions)*  # of photos attached: Click or tap here to enter text.  Wellhead schematic  Wellbore schematic |

## Well Information

|  |  |
| --- | --- |
| Well name: Click or tap here to enter text. | Operator: Click or tap here to enter text. |
| 4 digit WID: Click or tap here to enter text. | Well status: Choose an item. |
| OROGO risk level: Choose an item. | Coordinates *(In decimal degrees; verified onsite)*  Datum:  NAD 27  NAD 83  Unknown  Lat: Click or tap here to enter text.  Long: Click or tap here to enter text. |
| Wellhead?  Yes  No  Pressure rating of all wellhead components: Click or tap here to enter text. |
| Pumpjack?  Yes  No | Completed in H2S zone? Choose an item.  Estimated % of H2S: Click or tap here to enter text. or  Measured % of H2S: Click or tap here to enter text. |

## Inspection Date and Contact Information

|  |  |
| --- | --- |
| Date of inspection: Click or tap to enter a date. | Inspection conducted by:  Name: Click or tap here to enter text.  Company: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. |
| Date of previous inspection: Click or tap to enter a date. |

## Environmental or Safety Concerns

*(Report all incidents as required under section 75 of the* Oil and Gas Drilling and Production Regulations*)*

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| Environmental or safety concerns?  Yes  No  If yes, provide details: Click or tap here to enter text. |

## Inspection Results

### Site

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| --- | --- |
| Well site accessible for inspection and monitoring?  Yes  No | Brush cleared 25 m around wellhead?  Yes  No |
| Equipment or debris on site?  Yes  No | Wind indicator present and functional?  Yes  No |
| Additional clean up required?  Yes  No |  |
| Provide details of all site accessibility concerns: Click or tap here to enter text. | |

### Wellhead

|  |  |
| --- | --- |
| Wellhead accessible for inspection and monitoring?  Yes  No | Surface casing vent open, operable and accessible in all seasons?  Yes  No |
| Valves chained and locked?  Yes  No | Pumpjack secure?  Yes  No  N/A |
| Valves operate freely?  Yes  No | Visible marker or fence in place?  Yes  No  4-digit Well ID, operator and contact information up to date?  Yes  No |
| Pressure test well head seal assembly?  Yes  No  *(If yes, provide details in comments section with supporting documentation)* | Date of previous well head seal assembly pressure test: Click or tap to enter a date. |

### Surface Casing Vent Flow (SCVF) / Gas Migration (GM) testing

|  |  |
| --- | --- |
| Evidence of SCVF?  Yes  No | Signs of GM?  Yes  No |
| SCVF test conducted?  Yes  No  *(If yes, provide details in comments section with supporting documentation)* | GM test conducted?  Yes  No  *(If yes, provide details in comments section with supporting documentation)* |
|  | Gas samples taken?  Yes  No  *(If yes, provide details in comments section identifying location and anticipated date of submission of analysis to OROGO)* |

### Shut-in pressures

|  |  |
| --- | --- |
| Production casing pressure (kPa):  Click or tap here to enter text. | Production tubing pressures (kPa):  Click or tap here to enter text. |
| Intermediate casing pressure (kPa):  Click or tap here to enter text. | Any other readings taken:  Click or tap here to enter text. |

## Comments

|  |  |
| --- | --- |
| Details of: | SCVF/ GM testing *(Include source: SCV, wellbore or soil vapour)* |
|  | Shut-in pressures *(Include equipment used, results, any changes from previous inspections and previous inspection dates)* |
|  | Seal assembly testing *(Include maximum pressure tested and duration of test)* |
|  | Other comments |

Click or tap here to enter text.

Additional supporting documentation attached?  Yes  No

If yes, list attached documentation: Click or tap here to enter text.

|  |  |
| --- | --- |
| I certify based on personal knowledge of well inspection operations undertaken at the above named well that the above information is accurate. | |
| Responsible Officer:  Name: Click or tap here to enter text.  Title: Click or tap here to enter text.  Operator: Click or tap here to enter text. | Date: Click or tap to enter a date. |
| Signature: |