# Well Inspection Report

## Instructions

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| --- | --- |
| * Complete all pages.
* Sign and submit electronically within 30 days of the well inspection to 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 [ ]  UnknownLat: 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 [ ]  NoIf yes, provide details: Click or tap here to enter text. |

## Inspection Results

### Site

|  |  |
| --- | --- |
| 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 [ ]  No4-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: |