



# WELL TERMINATION RECORD

This record is submitted in triplicate in compliance with Section 184 of the Canada Oil and Gas Drilling Regulations.

## WELL DATA

Well Name: ...Paramount et al. Cameron C-75..... Area: Cameron Hills, N.W.T.  
Grid Area: .....60° 10' 117° 15'..... Field/Pool: .....  
Permit or Lease No.: ...SDL-009..... Final Coordinates: Lat.: 60° 04' 02.933" Long: 117° 29' 12.608"  
Drilling Unit: ...Phelps #4E..... Elevations ~~ST~~/KB: ..788.47 m.... ~~SK~~/GL: ..783.62 m....  
Spud Date: 1994-02-17 @ 09:00. Rig Released: 1994-03-20 @ 16:00. Total Depth: ...1590.00 m.....

## CASING AND CEMENTING

| O.D.:         | Weight:    | Grade:     | Depth Set:                        | Cement and Additives:                                                                                                |
|---------------|------------|------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 244.5 mm..... | 53.6 kg/m  | I-55.....  | 402.0 <sup>RECT</sup><br>396.00 m | 30 T. 0:1:0 Class. G. + 2% CaCl <sub>2</sub>                                                                         |
| 177.8 mm..... | 34.2 kg/m  | LS-65..... | 1130.00 m                         | 11.75 T. 'G.' + 33.3% Microsil + 0.5%<br>T-10 + 9% CaCl <sub>2</sub> & 4.5 T Thixmix G +<br>1% CA-2 + 0.4% D-23..... |
| 114.3 mm..... | 14.14 kg/m | I-55.....  | 1590.00 m                         | 13.0 T Thixmix G as above.                                                                                           |

## PLUGGING PROGRAM

Approval of the following program was obtained by (person) ..... from  
(person) ..... by means of  
..... on ..... 19 ..

| Type of Plug: | Interval: | Felt: | Cement and Additives: |
|---------------|-----------|-------|-----------------------|
| .....         | .....     | ..... | .....                 |
| .....         | .....     | ..... | .....                 |
| .....         | .....     | ..... | .....                 |
| .....         | .....     | ..... | .....                 |
| .....         | .....     | ..... | .....                 |
| .....         | .....     | ..... | .....                 |

Lost Circulation/Overpressure Zones: ...between 575 and 600 m;.....

Equipment left on Seafloor (Describe): .....

Provision for Re-entry (Describe and attach sketch): .....

Cores: Type: ...Conventional..... Intervals: 1419.00 to 1425.60 m, 1425.60 to 1433.50 m,  
1433.40 to 1439.00 m.....

Other Downhole Completion/Suspension Equipment: ...See attached Completion Schematic.....

## CERTIFICATION

I certify on the basis of personal knowledge of operations undertaken at the above named well that the above information is accurate.

Signed: ..... P. Eng. Title: Assistant Drilling Manager.....

Name: ...P. G. Besler..... Date: June 8, 1994.....

Acknowledged by: .....  
Engineering Branch

Well Status  
Suspended ☒  
Completed ☐  
Abandoned ☐

Date: ..... June 28, 1994.....  
File: 9211-P33-7-3.....

UWI 300C756010117150

Canada



# RAPPORT DE CESSATION DE Puits

Ce rapport doit être présenté en trois exemplaires, conformément à l'article 184 du Règlement concernant le forage des puits de pétrole et de gaz naturel au Canada.

## DONNÉES SUR LE Puits

Nom du puits: ..... Région: .....  
Étendue quadrillée: ..... Champs/Gisement: .....  
No. de Permis ou Concession: ..... Coordonnées Finales: Lat: ..... Long: .....  
Unité de forage: ..... Elevation-TR/GE: ..... Fonds marins/sol: .....  
Date du démarrage: ..... Date de libération de l'appareil: ..... Profond. Totale: .....

## TUBAGE ET CIMENTATION

| Diamètre extérieur: | Poids: | Qualité | Profondeur: | Ciment et Additifs: |
|---------------------|--------|---------|-------------|---------------------|
| .....               | .....  | .....   | .....       | .....               |
| .....               | .....  | .....   | .....       | .....               |
| .....               | .....  | .....   | .....       | .....               |
| .....               | .....  | .....   | .....       | .....               |

## PROGRAMME D'OBTURATION

L'approbation du programme de cessation fut obtenue par (personne) .....  
de (personne) .....  
par ..... le ..... 19 .....

| Type de bouchon: | Intervalle: | Profond. vérifiée: | Ciment et Additifs: |
|------------------|-------------|--------------------|---------------------|
| .....            | .....       | .....              | .....               |
| .....            | .....       | .....              | .....               |
| .....            | .....       | .....              | .....               |
| .....            | .....       | .....              | .....               |
| .....            | .....       | .....              | .....               |
| .....            | .....       | .....              | .....               |

Zone de perte de circulation/surpression: .....

Équipements laissés sur les fonds marins (description): .....

Mesures prises pour la réintégration (description et schéma): .....

Carottes: Type: ..... Intervalles: .....

Autre équipement en fond de trou pour l'achèvement/la suspension: .....

## CERTIFICATION

Je certifie qu'à ma connaissance, les informations ci-haut mentionnées sont exactes.

Signé: ..... Ing. Titre: .....

Nom: ..... Date: .....

Reçu par: .....

Direction de la technique

État du puits

Suspendu ☐

Achevé ☐

Abandonné ☐

Date: .....

No. de dossier: .....

Canada