

WELL TERMINATION RECORD

WELL DATA

Well Name:		SURFACE COORDINATES			
Operator:		Long :		UTM (NAD 27)	
Permit #		Lat. :		Northing	
Drilling Rig :				Easting :	
Drilling Contractor:		ELEVATION		DEPTH	
<input type="checkbox"/> Spud <input type="checkbox"/> Re-Entry Date:		<input type="checkbox"/> RT	<input type="checkbox"/> KB	<input type="checkbox"/> RF	
Rig Release Date:		m		M.D. :	
Well Termination Date:		G.L. :		T.V.D. :	
FOR INTERNAL USE ONLY					
For the purpose of interpreting subsection 154 (5) of the Petroleum Drilling Regulations, the rig release date is deemed to be:					
Well Status: <input type="checkbox"/> Completed <input type="checkbox"/> Suspended <input type="checkbox"/> Abandoned					

CASING AND CEMENTING PROGRAM

O.D. (mm)	WEIGHT (kg/m)	GRADE	SETTING DEPTH (m)	CEMENTING DETAILS

PLUGGING PROGRAM

Approval of the following program was obtained by (person) _____
 from (person) _____ of the Department of Natural Resources by means of
 _____ dated _____

Type of Plug	Interval	Felt/Pressure Tested	Cement and Additives

Lost Circulation/Overpressure Zones: _____

Well Schematic

DECLARATION

The undersigned **OPERATOR'S REPRESENTATIVE** hereby declares that on the basis of personal knowledge of operations undertaken at the above named well, the above information is true, accurate and complete.

Name	_____	Title	_____
Signed	_____	Date	_____

ACKNOWLEDGEMENT

Acknowledged by: _____ Date: _____

Director