

Annual Inspection Report

Well Name: _____	Licence/Permit Number: _____
Operator: _____	Area : _____
Contact Name : _____	
Date of Suspension : _____	
Date of Inspection: _____	
Inspected by : _____	

CO-ORDINATES

UTM (NAD27)

Long :		Northing:	
Lat :		Easting :	

Inspection Details

Inspection Purpose: (PDR-Section 132(2)(a)) Scheduled Inspection Other: _____

Downhole Completion/Suspension Equipment: (PDR-Section 131(2))

<input type="checkbox"/> Bridge Plug	<input type="checkbox"/> Cement Plug
<input type="checkbox"/> Bridge Plug capped with cement	<input type="checkbox"/> None

Inhibitor Program: (PDR-Section 133) Corrosion Inhibitor None

Inspection Results

Surface Vent Flow Detected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wellhead Failure Detected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Casing Failure Detected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plug Failure Detected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Site Checklist

Location sign present? (PRD-Section 135(b))
 Yes No

Free of debris and garbage? (PRD-Section 131(c))
 Yes No

Free of any visible stains? (PRD-Section 131(c))
 Yes No

Vegetation controlled? (PRD-Section 135(a))
 Yes No

Wellhead Checklist

Wellhead in good condition (i.e. no corrosion, no leaking valves)? (PRD-Section 131(a)(b))

Above-Grade Wellhead Equipment in good condition?
 Yes No

Below-Grade (Cellar Area) Wellhead Equipment in good condition?
 Yes No

Surface Casing Vent free of leaks? (PRD-Section 131(a))
 Yes No

Clearly visible or fenced? (PRD-Section 135(a))
 Yes No

Valves chained and locked? (PRD-Section 131(a))
 Yes No

All outlets equipped with bullplugs or blind flanges except on surface casing vent? (PRD-Section 131(b))
 Yes No

Pressure Readings

Shut-in Tubing Pressure (MPa): _____

Shut-in Casing Pressure (MPa): _____

***Please attach Photos to support your response to the Site and Wellhead Checklist Sections

Photo File#	Description	Date

Comments

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** _____