

Class 1 EXAMINER REPORT (Well Drilling & Plugging, Casing and Cementing) 2002/04/30

Date of Examination (yyyy/m/dd):					
Name of Well Examined:			Well Licence Number:		
Operator Name:					
Location of Well: Lot:		Concession:		Township:	
				County:	
Examiners Name:			Examiner's Certificate No.:		
<small>NOTE: Examiners shall submit this report to the Ministry and the operator within 10 days of conducting an examination.</small>					
MNR Use	Report audited by:	Date:	Site Inspected by:	Date:	
Std. Ref.	ITEMS EXAMINED	Yes	No	Pass	Explanation of Failure or Problem and Comments.
3.6	Used Casing				
3.6(a)	History record of used casing.				
3.6(b)	Threads on pipe and inside collars.				
3.6(c)	Power tong damage, oval distortion.				
3.6(d)	Casing wall thickness: Surface				
3.6(d)	Casing wall thickness: Intermediate casing				
3.6(d)	Casing wall thickness: Production casing				
3.6(e)	110% Hydrostatic Pressure Test.				
3.6(f)	Age of casing less than 20 yrs.				
	Other (explain)				
3.9.2	Casing Cement Quality				
3.9.2(a)	Cement meets API Spec 10.				
3.9.2(b)	Witness actual cementing and results.				
3.9.2(c)	Proper API: Grade				
	Proper API: Cement mixture and pumping.				
	Other (explain)				
3.12.3	Porous Zone Isolation				
3.12.3(a)	Porous zone identification.				
3.12.3(b)	Adequate cement to separate zones.				
3.12.3(c)	Cement top 25 meters above 1st of 2 porous zones behind same casing.				
3.12.3(d)	ID cement top where no returns.				
	Other (explain)				

Std. Ref.	ITEMS EXAMINED				Explanation of Failure or Problem and Comments.
		Yes	No	Pass	
3.13.6	Cementing				
3.13.6	Csg cement ≥ 25 meters above previous csg seat.				
3,13.6	Csg cement ≥ 100 meters above highest pay zone.				
3.13.6(a)	Corrosive zones covered by csg cement.				
3.13.6(b)	Liners cemented full length.				
3.13.6(c)	Disposal, injection well csqs cemented full length.				
3.13.6(d)	Production csg cemented full length for Lake Erie wells.				
	Other (explain)				
11.0	Well Plugging				
11.6(a)	Plug at top of oil or gas, storage or salt cavern located.				
11.6(b)	Top most plug located.				
11.6(c)	Plug(s) set across lost circulation zone(s) located.				
	Other (explain)				
11.13	Well Site Rehabilitation				
11.13	Site returned to original condition within 12 mos of plugging.				
11.13	Unused equipment and debris cleared, site clean.				
	Other (explain)				
Other Comments and Observations:					

I certify that the above indicated examinations were conducted and that the results, comments and observations regarding the examinations noted are accurate.

Signature _____ Date _____