Oil, Gas and Salt Resources Ac

Plugging of a Well Report

Well being: Plugged ☐ Plugged Back ☐ Plug Back TD _____ Plug Back TVD _____

Form 10 | To the Minister of Natural Resources | v. 2009-05-31

WELL NAME ..... LICENCE NO. .....

Name of Operator .....

Address ..... Fax # .....

Location County ..... Township .....

Tract ..... Lot ..... Concession ..... Lake Erie: Block ..... Tract .....

Coordinates from ..... m. N ☐ S ☐ ..... m. E ☐ W ☐ Latitude .....
Lot Boundaries

Landowner ..... Longitude .....

Plugging Contractor ..... Tel. # .....

Plugging Start Date ..... Plugging End Date ..... Thickness of Drift .....

GAS INTERVALS AND PRESENT FLOW AND PRESSURE		
INTERVAL	FLOW 1000 m^3/d	S.I. PRESSURE kPa

WATER RECORD		
INTERVAL	LEV.FR.SURF.	TYPE

OIL INTERVALS AND PRESENT FLOW		
INTERVAL	FLOW m^3/d	API GRAVITY

CASING AND TUBING RECORD				
SIZE mm	SET AT m.	HOW SET	m. RECOVERED	m. LEFT IN

PLUG LOCATIONS				
PLUG #	TOP DEPTH	BASE DEPTH	CEM AMT	CEM TYPE

PLUG LOCATIONS				
PLUG #	TOP DEPTH	BASE DEPTH	CEM AMT	CEM TYPE

Additional Detail

The undersigned certified examiner visited the site during the plugging operation and certifies the accuracy of the data presented herein.

Certified Examiner: Name ..... Signature .....

The undersigned certifies that the above-noted well has been plugged in compliance with the Act and Regulations, the information provided herein is complete and accurate, and he/she has authority to bind the operator.

Date (d/m/y)	Name (print)	Signature
Company	Title	