



WELL TERMINATION RECORD
WELL DATA

WELL NAME: _____
DRILLING UNIT: _____
FIELD/POOL: _____
FINAL COORDINATES: LAT: _____
ELEVATIONS RT/KB: _____
SPUD DATE: _____
TOTAL DEPTH: _____

OPERATOR: _____
CONTRACTOR: _____
WELL STATUS: _____
LONG: _____
WATER DEPTH: _____
WELL TERMINATION DATE: _____

CASING AND CEMENTING

O.D.:	Weight	Grade:	Depth Set:	Cement and Additives

PLUGGING PROGRAM

APPROVAL OF THE FOLLOWING PROGRAM WAS OBTAINED BY (PERSON) _____
FROM (PERSON) _____ OF THE CANADA - NOVA SCOTIA OFFSHORE PETROLEUM
BOARD BY MEANS OF _____ DATED _____

TYPE OF PLUG:	INTERVAL:	FELT/PRESSURE TESTED:	CEMENT & ADDITIVES

LOST CIRCULATION/OVERPRESSURE ZONE: _____
EQUIPMENT LEFT ON SEAFLOOR (DESCRIBE): _____
PROVISION FOR RE-ENTRY (DESCRIBE AND ATTACH SKETCH): _____
DOWNHOLE COMPLETION/SUSPENSION EQUIPMENT: _____

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.

SIGNED: _____ TITLE: _____
operator's representative
NAME: _____ DATE: _____

ACKNOWLEDGEMENT

ACKNOWLEDGED BY: _____ DATE: _____
Chief Executive Officer CNSOPB