

New Well Summary - Horizontal

Licence: _____ Well Name & Location: _____ WPM
(as noted on well licence)
Surface Location: _____ WPM

Elevations:
Ground Elev: _____

Cut or fill: _____ Engineer: _____ With: _____
Revised GE: _____ Phone: _____ Email/Fax: _____
Rig K.B.: _____ Push: _____ Rig Name: _____ and Number
Well KB: _____

SPUD DATE & TIME: _____ / _____ / _____ @ _____ hrs. Branch notified? Yes

SURFACE CASING:	Branch Notified? Yes	Surface TD: _____m	
Casing run: _____ / _____ / _____	Weight: _____kg/m	Grade: _____	# of Joints: _____ Size: _____mm
Cement: _____t of _____ & _____ % CaCl ₂	Plug Down: _____ hrs	Cement Co: _____	Landed at: _____m Returns: _____m ³

INTERMEDIATE/PRODUCTION CASING:	Branch Notified? Yes	TD Date: _____	TD: _____m
Casing run: _____ / _____ / _____	Weight: _____kg/m	Grade: _____	# of Joints: _____ Size: _____mm
Fill: _____t of _____	Calc. Cement Top: _____ m	Cement Co: _____	Tail: _____t of _____ Landed at: _____m
Frac Ports Used: Yes	Frac Port Type: _____	# of Frac Ports: _____	Returns: _____m Plug Down: _____ hrs

FIRST LEG:	Date: _____ / _____ / _____	Kick-Off Point: _____m	
	TD Date & Time: _____ / _____ / _____ @ _____ hrs	TD: _____m	TVD: _____m
Misc. Details:	Bottom Hole Co-ordinates: _____ m West of Surface LSD _____ m North		

LINER DETAILS:	Branch Notified? Yes	LINER HUNG: Yes	LINER CEMENTED: Yes
Liner run: _____ / _____ / _____	Weight: _____kg/m	Grade: _____	# of Joints: _____ Size: _____mm
Fill: _____t of _____	Calc. Cement Top: _____ m	Packer Depth: 1. _____ m MD	Liner Top: _____ m MD
			Liner Bottom: _____ m MD
			Plug Down: _____ hrs

SECOND LEG:	Date: _____ / _____ / _____	Kick-Off Point: _____m	
	TD Date & Time: _____ / _____ / _____ @ _____ hrs	TD: _____m	TVD: _____m
Misc. Details:	Bottom Hole Co-ordinates: _____ m West of Surface LSD _____ m North		

LINER DETAILS:	Branch Notified? Yes	LINER HUNG: Yes	LINER CEMENTED: Yes
Liner run: _____ / _____ / _____	Weight: _____kg/m	Grade: _____	# of Joints: _____ Size: _____mm
Fill: _____t of _____	Calc. Cement Top: _____ m	Packer Depth: 1. _____ m MD	Liner Top: _____ m MD
			Liner Bottom: _____ m MD
			Plug Down: _____ hrs

Submit Directional Surveys with tours

Fluid Loss: YES	Volume: _____ Depth: _____
Displacement Fluid: _____	Bridge Plug Set at: _____m
Rig Release: _____ / _____ / _____ @ _____ hrs	Well Status: _____ <i>(Waiting on Service Rig or Plugged & Abandoned Dry)</i>
Rig Moving To: _____	

Weekly Report:
_____ / _____ / _____ @ 0800: _____
(Date)

Petroleum Branch – Virden (204)748-4260 - Fax (204)748-2208
Email: petroleum@gov.mb.ca

Remarks: _____
Tours _____ Sample _____ Well Check: _____ / _____ / _____