

New Well Summary - Vertical

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

Elevations: Surface Location: _____ WPM
 Ground Elev: _____ m

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

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

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

CORES:	DATE	INTERVAL	RECOVERY
	_____/_____/_____	_____(top) _____(bottom)	_____
	_____/_____/_____	_____(top) _____(bottom)	_____
	_____/_____/_____	_____(top) _____(bottom)	_____

FINISHED DRILLING: Date: _____/_____/_____ @ _____ hrs TD: _____m

LOGS: Date: _____/_____/_____ Logging Company: _____

Description: _____

DST's: 1)	Date: _____/_____/_____	Branch Notified: <u>Yes</u>	Interval: <u>N/A</u> m
	Times: _____/_____/_____/_____	Recovery: _____	
Initial Pressures:	Preflow: _____	Flowing: _____	SI: _____ Hyd: _____
Final Pressures:		Flowing: _____	SI: _____ Hyd: _____
2)	Date: _____/_____/_____	Branch Notified: <u>Yes</u>	Interval: _____m
	Times: _____/_____/_____/_____	Recovery: _____	
Initial Pressures:	Preflow: _____	Flowing: _____	SI: _____ Hyd: _____
Final Pressures:		Flowing: _____	SI: _____ Hyd: _____

LONGSTRING: Casing Run: _____/_____/_____ # of Joints: _____ Size: _____ mm
 Weight: _____ kg/m Grade: _____ Landed at: _____ m
 Cement: _____ t of _____ & _____ Tail: _____ t of _____ & _____
 Returns: _____ m³ Plug down: _____ hrs Cement Co.: _____
 Calculated Cement Top: _____ m IT & M Notified: Yes Dept. Witness: NONE
 Fluid Loss: NO Volume: M3 Depth: _____

Rig Release: _____/_____/_____ @ _____ hrs Well Status: _____
 (Waiting on Service Rig) or (Plugged & Abandoned - Dry)
 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 _____ Logs _____

Well check: ____/____/____