

New Well Summary - Vertical

Licence:	Well Name & Location:					
Elevations:	(as noted on well licence) Surface Location:					
Ground Elev: m						
Cut or fill: m	Engineer: With: _					
Revised GE: m	Phone: Push:	Email/Fax:				
Rig K.B.: m Well KB: m	lumber:					
SPUD DATE & TIME:	/	hrs. 	Branch Notified? Yes			
SURFACE CASING: Branch Notif	fied?	Surface TD: m				
Casing run:/_	<u>/</u>	# of Joints:	Size: <u>mm</u>			
Weight:kg/m		Grade:	Landed at:m			
Cement:t of	_ & % CaCl ₂	Returns: ——m ³	Plug Down: hrs			
Cement Co:		Branch Notified::	Dept. Witness:			
CORES: DATE	INTERVAL		RECOVERY			
	<u>(top)</u>	(bottom)				
	<u>(top)</u> (top)	(bottom) (bottom)	<u> </u>			
FINISHED DRILLING: Date:		hrs TD: _	m			
LOGS: Date:		Loggin	g Company:			
Description:						
DST's: 1) Date:/		Branch Notified: Yes	Interval: <u>N/A</u> m			
Times:/_		Recovery:				
Initial Pressures: Preflow:	Flow	ing: SI:	Hyd:			
Final Pressures:	Flow	ing: SI:	Hyd:			
2) Date:/_		Branch Notified: Yes	Interval:m			
Times:/		Recovery:				
Initial Pressures: Preflow:	Flow	ing: SI:	Hyd:			
Final Pressures:	Flow	ing: SI:	Hyd:			
LONGSTRING: Casing Run:		# of Joints:	Size:mm			
Weight: kg/m		Grade:	Landed at: m			
Cement:t of	_ &	Tail:t of	&			
Returns: m ³		Plug down: hrs	Cement Co.:			
Calculated Cement Top:	m	IT & M Notified: Yes	Dept. Witness: NONE			
Fluid Loss: NO		Volume: <u>M3</u>	Depth:			
Rig Release:/	_/@ hrs		tatus: on Service Rig) or (Plugged & Abandoned - Dry)			
Rig Moving To:		(vvaling				
Weekly Report:						
/						
Petroleum Branch – Virden (204)748-4260 - Fax (204)748-2208. Email: petroleum@gov.mb.ca						

Remarks:

Tours	Sample	Logs	Well check:	 /	