Abandoned Well Report

Manitoba Natural Resources

WELL LOCATION	QTR. ____ SEC. ____ TWP. ____ RGE. ____ E. ☐ W. ☐ R. LOT ____ PARISH ____ ____ REMARKS ____
WELL OWNER	NAME ____ ADDRESS ____ PHONE
WELL IDENTIFICATION (NO., NAME)	
WELL USE	PRODUCTION ☐ TEST WELL ☐ RECHARGE ☐ OBSERVATION WELL ☐
WATER USE	DOMESTIC ☐ LIVESTOCK ☐ MUNICIPAL ☐ INDUSTRIAL ☐ IRRIGATION ☐ AIR-CONDITIONING ☐ OTHER ☐ Specify ____
DATE WELL CLOSED	DAY ____ MONTH ____ ____ 19 ____
ORIGINAL DATE WELL COMPLETED	DAY ____ MONTH ____ ____ 19 ____

LOCATION SKETCH OF WELL

WELL ABANDONMENT

DEPTH BELOW GROUND IN FEET FROM	TO	CASING	OPEN HOLE	SAND	GRAVEL	BENTONITE	CEMENT	CLAY	OTHER	MATERIAL	OTHER

TOP OF CASING OR PITLESS UNIT ____ FEET ABOVE ☐ BELOW ☐ GROUND LEVEL

REMARKS: CONDITION OF WELL, ETC.

ABANDONED WELL SKETCH

CONTRACTOR

LICENCE NO. ____ ____

NAME ____

ADDRESS ____

OPERATOR ____

Signature of Contractor

WELL INFORMATION

SWL ____ ☐ ABOVE GRD ☐ BELOW GRD

CASING SIZE ____

CASING TYPE ____

CASING CUT OFF AT ____

____ BELOW GRD.

MG-2435 (Rev. 97)

WELL OWNER'S COPY