

## New Well Summary - Vertical

Licence: <u>Elevations:</u> Ground Elev: m	Well Name & Location: WPN (as noted on well licence) Surface Location: WPM	Λ	
Cut or fill:		m	Engineer:With:
Revised GE: m Rig K.B.: m	Phone: Push:	Fax: Rig Name: _ and Number	
Well KB: m			
SPUD DATE & TIME:	/hrs.	Bran	nch Notified? Yes
SURFACE CASING: Branch Not	ified? Yes Surface	TD:m	
Casing run:/	/ # of Join	ts: Size:	:mm
Weight:kg/m	Grade: _	Landed	d at:m
Cement:t of	& % CaCl <sub>2</sub> Returns:	m <sup>3</sup> Plug D	own: hrs
Cement Co:	Branch N	Notified: YES Dept. V	Witness:
CORES: DA	ATE INTER	RVAL RECOV	ERY
_		<u> </u>	
_			
FINISHED DRILLING: Date:	/hrs	TD:m	
LOGS: Date:		Logging Company:	
Description:			
<b>DST's:</b> 1) Date:/_	<del></del> -	Notified: <u>Yes</u> Interval:	m
		/:	
	-	_ SI: Hyd:	
Final Pressures:	•	_ SI: Hyd:	
2) Date:/_		Notified: <u>Yes</u> Interval:	m
		y:	
	-	•	·
Final Pressures:	Flowing:	_ SI: Hyd:	
LONGSTRING: Casing Run:	/ # of Join	nts: Size:	mm
Weight:kg/m	Grade:	Lande	ed at: m
Cement:t of	& Tail:	t of &	
Returns:m <sup>3</sup>	Plug do	wn: hrs Ceme	ent Co.:
Calculated Cement Top:	IT 0 141		
Calculated Comont 10p.	m II & M I	Notified: Yes Dept.	Witness:
Fluid Loss: YES		·	Witness:
	Volume	: Depth Well Status:	

Weekly Report	:							
//	@ 0800:							
(Date)								
IED&M - Petrol	eum Branch – Virde	en (204)748-4260 - Fax (2	204)748-2208 or Wa	askada (204)67	3-2472 – Fax (20	ე4)673-	·2767	
Remarks:								
Tours	Sample	Logs		,	Well check:	/	1	
	<u></u>							