



WELL TERMINATION RECORD

WELL DATA

Well Name: _____ Operator: _____
 Drilling Unit: _____ Contractor: _____
 Field/Pool: _____ Well Status: _____
 Final Coordinates: Lat: _____ Long: _____
 Elevations RT/KB: _____ Water Depth: _____
 Spud Date: _____ Well Termination Date: _____
 Total Depth: _____

CASING AND CEMENTING

O.D.:	Weight	Grade:	Depth Set:	Cement and Additives:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TERMINATION PROGRAM

Approval of the following program was obtained by (person) _____
 from (person) _____ of the Canada - Nova Scotia Offshore Petroleum
 Board by means of _____ dated _____.

Type of Plug:	Interval:	Felt/Pressure Tested:	Cement & Additives:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lost Circulation/Overpressure Zone: _____

Equipment left on Seafloor (Describe): _____

Describe in a wellbore diagram and attach: _____

DECLARATION

The undersigned Operator's Representative hereby declares that on the basis of personal knowledge of operations undertaken at the above named well, the above information is true, accurate and complete.

Signed: _____ Title: _____
Operator's Representative

Name: _____ Date: _____

ACKNOWLEDGEMENT

Acknowledged by: _____ Date: _____
Chief Executive Officer