

A. INSPECTION	
Date of Inspection: _____ / _____ / _____ <span style="font-size: small; margin-left: 100px;">YYYY      MM      DD</span>	
B. WELL INFORMATION	
Well Name	Coord. Lat (nnn° nnn' nnn"):
Full Legal Name of Licensee	Coord. Long (nnn° nnn' nnn"):
File	WID
Status of Well (indicate one only)	
<input type="checkbox"/> Producer <input type="checkbox"/> Suspended <input type="checkbox"/> Abandoned <input type="checkbox"/> Injector <input type="checkbox"/> Other (specify) _____	
C. EVALUATION	
1. Is visible well marker in place? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. Is wellhead chained and locked? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. Completed in H2S zone? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. Does well contain tubing? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. Does well contain pump and rods? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. Is there a packer/plug above the perfs? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. Is there any lease equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO 8. Is area brush cleared to 10 m around wellhead? <input type="checkbox"/> YES <input type="checkbox"/> NO 9. Do wellhead valves operate freely? <input type="checkbox"/> YES <input type="checkbox"/> NO 10. Are tapped bull plugs in place? <input type="checkbox"/> YES <input type="checkbox"/> NO 11. Is the surface casing vent open and properly oriented? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. Is there any gas migration outside the surface casing? <input type="checkbox"/> YES <input type="checkbox"/> NO 13. Shut in production casing pressure: _____ kPa 14. Shut in intermediate casing pressure: _____ kPa 15. Shut in production tubing pressure: _____ kPa 16. Shut in surface casing pressure: _____ kPa	17. H2S readings? <input type="checkbox"/> YES <input type="checkbox"/> NO Tubing (ppm): _____ Intermediate casing (ppm): _____ Production casing (ppm): _____ Surface casing (ppm): _____ 18. Pressure rating of all components: _____ kPa 19. Is additional clean-up required? <input type="checkbox"/> YES <input type="checkbox"/> NO 20. Drilling sump condition is: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable 21. Are there any environmental concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO 22. Is wellhead schematic attached? <input type="checkbox"/> YES <input type="checkbox"/> NO (Clearly label schematic and include information on type, size, and working pressure rating for Christmas tree and well head components.) 23. Photographs of wellhead, valves, signage and lease required: <input type="checkbox"/> YES <input type="checkbox"/> NO  Please list photographs and attach photos with appropriate filenames and metadata in the order listed. Include well name in metadata.  _____ _____ _____ _____ _____

**D. COMMENTS**

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**E. INSPECTOR INFORMATION**

Name of Authorized Inspector for the Company	Inspector Email
Inspector Mobile Phone	Inspector Office Phone

I hereby certify that I am authorized to conduct this well inspection and I certify that on the basis of personal knowledge of operations at the above named well, the information here and in all supporting documentation is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed (YYYY/MM/DD)

**F. DISCLAIMER**

If there is any conflict or inconsistency between this form and any provision of the *Yukon Oil and Gas Act* or its regulations, the *Yukon Oil and Gas Act* and its regulations prevail.