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WELL INSPECTION REPORT

INSTRUCTIONS:

- 1. Complete both pages.
- 2. Send one electronic copy of this form and supporting technical documentation by email to orogo@gov.nt.ca.
- 3. Send one signed hard copy of this form and supporting technical documentation by courier to:
 Chief Conservation Officer
 Office of the Regulator of Oil and Gas Operations
 4th floor Northwest Tower
 5201 50th Avenue
 Yellowknife NT X1A 3S9

| WELL INFORMATION | | |
|------------------------------|--------------------|--|
| Well Name: | A-68-60.50-122.30 | |
| Coordinates: (verify onsite) | Lat: 60 ° 47 ' 1 " | Long: 122 ° 41 ' 18 " |
| | Datum: NAD83 | |
| Well Operator: | CNRL | Status: Suspended |
| Current Inspection Date: | May 18, 2022 | WID: 1936 |
| Previous Inspection Date: | July 14, 2021 | Completed in H ₂ S zone? No; % of H ₂ S: |

| EVALUATION | | | | | |
|--|--|--|--|--|--|
| Site | | | | | |
| Accessible for inspection and monitoring? | Yes; | | | | |
| Equipment or debris on site? | No; | | | | |
| Additional clean up required? | No; | | | | |
| Any environmental or safety concerns? (see Note 1) | No; | | | | |
| Number of photos attached? (required) | 5 (wellhead, valves, signage and site area, other) | | | | |
| Wellhead | | | | | |
| Wellhead accessible for inspection and monitoring? | Yes; | | | | |
| Brush cleared 10m around wellhead? | Yes; | | | | |
| Visible well marker in place? | Yes; | | | | |
| Wellhead chained and locked? | Yes; | | | | |
| Pumpjack secure? | Select | | | | |
| Wellhead valves operate freely? | Yes; | | | | |
| Surface casing vent open? | Yes; | | | | |
| Pressure test well head seal assembly? | Yes; Pass | | | | |
| Pressure rating of all components: | 5000 psi | | | | |
| Wellhead schematic attached? (required) | Select | | | | |

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| SCVF / Gas N | Migration | | | | |
|---|--|--|--|-------------------------------------|-----------------------|
| Evidence of SCVF? Note 1 SCVF test conducted? Signs of gas migration outside surface casing? Note 1 | | No; Passed bubble test | | | |
| | | No; SCV piping extended above cellar grating | | | |
| | | No; | | | |
| Gas migration | test conducted? | | Yes; Pass | | |
| Well | | | | | |
| Does well contain tubing? | | Yes; | | | |
| Does well con | ntain pump and rods? | | No; | | |
| Is there a pac | ker/plug above the perfs? | | Yes; | | |
| Are tapped bu | ıll plugs in place? | | Yes; | | |
| Shut in pro | duction casing pressure: | 8 kPa Note 2 | Shut in intern | nediate casing pressure: | kPa ^{Note 2} |
| Shut in pro | duction tubing pressure: | 10 kPa Note 2 | | | |
| | any other readings taken: parate page(s) if needed) | | | | |
| COMMEN | TS: | | | | |
| | | | | | |
| "I certify | | | ge of operations u information is acc | indertaken at the above curate." | e named |
| Name | Desmond Jones | | Phone | (250) 263-6528 Ext | |
| Title | Production Tech | | E-Mail | desmond.jones@cnrl.com | n |
| Operator | CNRL | | Inspected by | Desmond Jones | |
| Signature | 1. 1 | | Date | May 30, 2022 | |

Responsible Officer of Company

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| OROGO us | se only | | | | | |
|--|-------------|-----------------|--------------------|--|--|--|
| The details of this document have been examined and verified by: | | | | | | |
| | | Job Designation | | | | |
| Well Identifier | · | Signature | Approval Authority | | | |
| Unique Well Identifier | 30_/ | Date _ | | | | |









