
Well Inspection Report

Instructions

- Complete all pages.
- Sign and submit electronically within 30 days of the well inspection to orogo@gov.nt.ca.
- If you wish to submit a hard copy, please use the courier address at www.orogo.gov.nt.ca/contact-us.
- Refer to the [Well Suspension and Abandonment Guidelines and Interpretation Notes](#) (May 2022) for details on well inspection requirements.
- Report in metric units.

Required attachments:

- Photos of wellhead and well site (*Include descriptions*)
of photos attached: [Click or tap here to enter text.](#)
- Wellhead schematic
- Wellbore schematic

Well Information

Well name: PPR Mount Coty 2K-02 302/2K-02-60-20-123-30/1
4 digit WID: 1993

OROGO risk level: Level 1

Wellhead? Yes No

Pressure rating of all wellhead components: 69 MPa

Pumpjack? Yes No

Operator: Prairie Provident Resources Canada Ltd.
Well status: Abandoned

Coordinates (*In decimal degrees; verified onsite*)

Datum: NAD 27 NAD 83 Unknown

Lat: 60° 19' 28.0"

Long: 123° 52' 07.8"

Completed in H₂S zone? No

Estimated % of H₂S: N/A or

Measured % of H₂S: N/A

Inspection Date and Contact Information

Date of inspection: 2023-08-28

Date of previous inspection: [Click or tap to enter a date.](#)

Inspection conducted by:

Name: Reg Massie
Company: Yellowstone Resources
Phone: 403-371-1564
Email: reg@yellowstoneresources.com

Environmental or Safety Concerns

(Report all incidents as required under section 75 of the Oil and Gas Drilling and Production Regulations)

Environmental or safety concerns? Yes No

If yes, provide details: [Click or tap here to enter text.](#)

Inspection Results

Site

Well site accessible for inspection and monitoring? Yes No

Equipment or debris on site? Yes No

Additional clean up required? Yes No

Provide details of all site accessibility concerns: Access to location via helicopter.

Brush cleared 25 m around wellhead?
 Yes No

Wind indicator present and functional?
 Yes No

Wellhead

Wellhead accessible for inspection and monitoring? Yes No

Valves chained and locked? Yes No

Valves operate freely? Yes No

Pressure test well head seal assembly?
 Yes No

(If yes, provide details in comments section with supporting documentation)

Surface casing vent open, operable and accessible in all seasons? Yes No

Pumpjack secure? Yes No N/A

Visible marker or fence in place? Yes No
4-digit Well ID, operator and contact information up to date? Yes No

Date of previous well head seal assembly pressure test: [Click or tap to enter a date.](#)

Surface Casing Vent Flow (SCVF) / Gas Migration (GM) testing

Evidence of SCVF? Yes No

SCVF test conducted? Yes No
(If yes, provide details in comments section with supporting documentation)

Signs of GM? Yes No

GM test conducted? Yes No
(If yes, provide details in comments section with supporting documentation)

Gas samples taken? Yes No
(If yes, provide details in comments section identifying location and anticipated date of submission of analysis to OROGO)

Shut-in pressures

Production casing pressure (kPa):
[Click or tap here to enter text.](#)

Intermediate casing pressure (kPa):
[Click or tap here to enter text.](#)

Production tubing pressures (kPa):
[Click or tap here to enter text.](#)

Any other readings taken:
[Click or tap here to enter text.](#)

Comments

- Details of: SCVF/ GM testing (*Include source: SCV, wellbore or soil vapour*)
 Shut-in pressures (*Include equipment used, results, any changes from previous inspections and previous inspection dates*)
 Seal assembly testing (*Include maximum pressure tested and duration of test*)
 Other comments

Performed a 15 minute bubble test and no bubbles detected. Completed gas migration testing from the wellhead out, in 1 meter increments, for a total of 6 meters in each direction.

Additional supporting documentation attached? Yes No

If yes, list attached documentation: Gas migrations testing sheet and surface casing vent flow form.

I certify based on personal knowledge of well inspection operations undertaken at the above named well that the above information is accurate.

Responsible Officer:

Date: Click or tap to enter a date. Sept 22, 2023

Name: Click or tap here to enter text.

Signature:

Title: Click or tap here to enter text.

Operator: Prairie Provident Resources Canada Ltd.

Angie Stastook

Angie Stastook

Specialist Asset Integrity & ESG

You must complete a separate form for each well and submit the form to the appropriate EUB Field Centre.

The licensee certifies that the information on this form is correct and that the vent flow or gas migration will be done according to all regulatory requirements or as directed by the EUB.

YEAR MONTH DAY YOUR FILE NUMBER
2023 9 22 _____

1: GENERAL INFORMATION AND CERTIFICATION

Company Name _____
Licensee Prairie Provident Resources Company Code _____
Company Name _____
Agent Yellowstone Resources Agent Code _____
Company Name _____
Consultant Massie Reg Consultant Code _____
Last Name First Name
Contact Person 403-371-1564
Business Fax
Telephone _____

2: WELL TEST INFORMATION

LICENSE NO. 1993 LE LSD SEC TWP RGE W_M YEAR MONTH DAY
UNIQUE IDENTIFIER 302 2K 2 60 20 123-30/1 DATE TESTED 2023 8 28

3: SURFACE CASING VENT FLOW TEST DATA

3.1 Vent Flow Exists Yes No 3.2 Test Type (e.g) bubble test, other: Bubble Test - 15 minutes
If YES, complete the rest of this section
Serious Non-Serious
3.3 Type of Flow: Gas Oil Salt Water Other (please specify) _____
The flow is Sweet Sour
3.4 Casing Information:
Surface Casing Depth: _____ mKB Size: _____ mm Grade: _____ Weight: _____ kg/m
Production Casing Depth: _____ mKB Size: _____ mm Grade: _____ Weight: _____ kg/m
3.5 Cementing Details:
Cement Top _____ mKB Logged: Yes No Estimated (from logs, tour rpts.) Yes No
Describe cementing detail (e.g. type, blend, specifications): _____
3.6 Vent Flow Data:
Leak-off Pressure Gradient _____ kPa/m Flow Rate _____ m³/d (if flow not measured, fill in TSTM, (Too Small to Measure))
Stabilized Build-up Pressure _____ kPa Duration _____ hrs.
Source of Flow _____ depth
Determined by (log type, etc.) _____
3.7 Groundwater Information:
Depth of Usable Water Aquifers _____ mKB Nearest Water Well _____ km

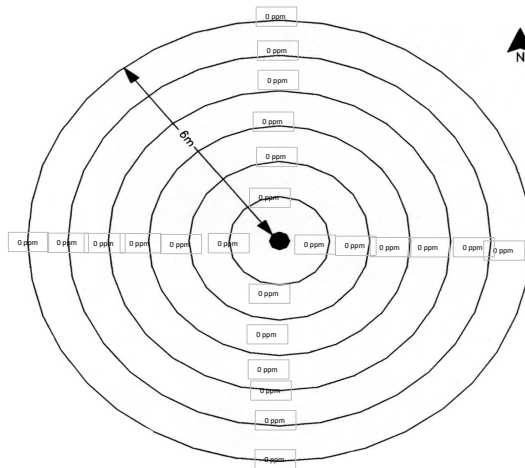
Tested By Reg Massie SIGNATURE
PLEASE PRINT NAME
FAC - 38 - 99 - 03 **Alberta Energy and Utilities Board** 640 5 Avenue SW Calgary, Alberta T2P 3G4

ID 99-3 - Appendix 3
Surface Casing Vent Flow / Gas Migration (page 2)

LE LSD SEC TWP RGE W_M YOUR FILE NUMBER
UNIQUE IDENTIFIER 302 2K 2 60 20 123-30/1 0

4: SOIL GAS SURVEY DATA

See Appendix 4, Well Abandonment Guide, for EUB-accepted procedures on how to test for surface casing vent flow gas migration.
Note: Please record observed "zero" readings for soil gas Lower Explosive Limit (LEL). Do not leave blanks. The centre dot in the diagram represents the wellbore/casing.



On the diagram, indicate the location of sample points and record percentage LEL readings.
Briefly describe test results and the condition of the area around the wellbore and on lease, e.g., vegetation growth, bare spots, contaminated soil, etc.

Bare spots around vent box



K2 Aerial View



K2 Well Sign



K2 Abandoned Wellbore Site



K2 Bubble Test



K2 Bubble Test #2