

WELL INSPECTION REPORT

INSTRUCTIONS:

- | | | |
|--------------------------------|--|--|
| <p>1. Complete both pages.</p> | <p>2. Send one electronic copy of this form and supporting technical documentation by email to orogo@gov.nt.ca.</p> | <p>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</p> |
|--------------------------------|--|--|

WELL INFORMATION

Well Name:	CFOL FT Liard L-68-60-20-123-45 2k-02		
Coordinates: <i>(verify onsite)</i>	Lat:	60 ° 11 ' 34.7 "	Long: 123 ° 31 ' 9.3 "
	Datum:	NAD83	
Well Operator:	Prairie Provident Resources	Status:	Suspended
Current Inspection Date:	Feb 21, 2023	WID:	1207
Previous Inspection Date:		Completed in H ₂ S zone?	No; % of H ₂ S:

EVALUATION

Site

Accessible for inspection and monitoring?	<u>Yes; Lease in good condition to land helicopter.</u>
Equipment or debris on site?	<u>Yes; Wellhead, 42 swamp mats, 8 joints of casing, box of wellhead equipment..</u>
Additional clean up required?	<u>No; Lease visually looks in good condition.</u>
Any environmental or safety concerns? (see Note 1)	<u>No; All appeared good.</u>
Number of photos attached? (required)	<u>25 (wellhead, valves, signage and site area, other)</u>

Wellhead

Wellhead accessible for inspection and monitoring?	<u>Yes; By helicopter in summer/winter time.</u>
Brush cleared 10m around wellhead?	<u>Yes; No brush on location, 2' of snow.</u>
Visible well marker in place?	<u>Yes; Hanging on wellhead and on matting at lease entrance.</u>
Wellhead chained and locked?	<u>Yes; With combination lock.</u>
Pumpjack secure?	<u>No; No pumpjack on location.</u>
Wellhead valves operate freely?	<u>Yes; Wellhead valves were greased.</u>
Surface casing vent open?	<u>No; In the closed position.</u>
Pressure test well head seal assembly?	<u>Yes; Pressure tested to 28 MPa.</u>
Pressure rating of all components:	<u>69 MPa</u>
Wellhead schematic attached? (required)	<u>Yes; Attached with wellfile.</u>

SCVF / Gas Migration

Evidence of SCVF? ^{Note 1} Yes;

SCVF test conducted? Yes; Too many bubbles to count.

Signs of gas migration outside surface casing? ^{Note 1} No; Checked with IR soil gas monitor and had 0 ppm, no bubbles in water around wellhead.

Gas migration test conducted? Yes; Conducted a IR soil gas monitor and had 0 ppm gas.

Well

Does well contain tubing? Yes; As per current schematic.

Does well contain pump and rods? No; Flowing style wellhead.

Is there a packer/plug above the perfs? Yes; 10K WR plug at 3339 mKB.

Are tapped bull plugs in place? Yes; Tapped plug on tubing and casing inlets.

Shut in production casing pressure: 7991 kPa ^{Note 2} Shut in intermediate casing pressure: 0 kPa ^{Note 2}

Shut in production tubing pressure: 23001 kPa ^{Note 2}

Include any other readings taken:
(Use separate page(s) if needed) _____

Note 1: As per Section 75 of the Oil and Gas Drilling and Production Regulations, it is the responsibility of the operator to notify OROGO of any pollution incident as soon as possible.

Note 2: Indicate any change in pressure since last inspection.

COMMENTS:

Well has a vent flow. Surface tanks are dry and piping reinstalled to them

“I certify on the basis of personal knowledge of operations undertaken at the above named well that the above information is accurate.”

Name	<u>Dan Wentworth</u>	Phone	<u>(780) 872-1019 Ext</u>
Title	<u>Wellsite Supervisor</u>	E-Mail	<u>dan.went@wentworthoilfield.ca</u>
Operator	_____	Inspected by	<u>Dan Wentworth</u>
Signature	_____	Date	_____

Responsible Officer of Company

OROGO use only

The details of this document have been examined and verified by:

Job Designation _____

Well Identifier _____

Signature _____

Approval Authority

Unique Well Identifier 30 / _____ - _____ - _____ / _____
(eg.300 / A01 60-00 120-00 / 0)

Date _____

General Information and Certification

Licensee: **Prairie Provident Resources Canada Ltd.**
Agent: Vertex Professional Services
Consultant: Dan Wentworth
Contact Person: Jonathan Bateman
Phone Number: (403) 466-8772
Fax Number:

Well Test Information

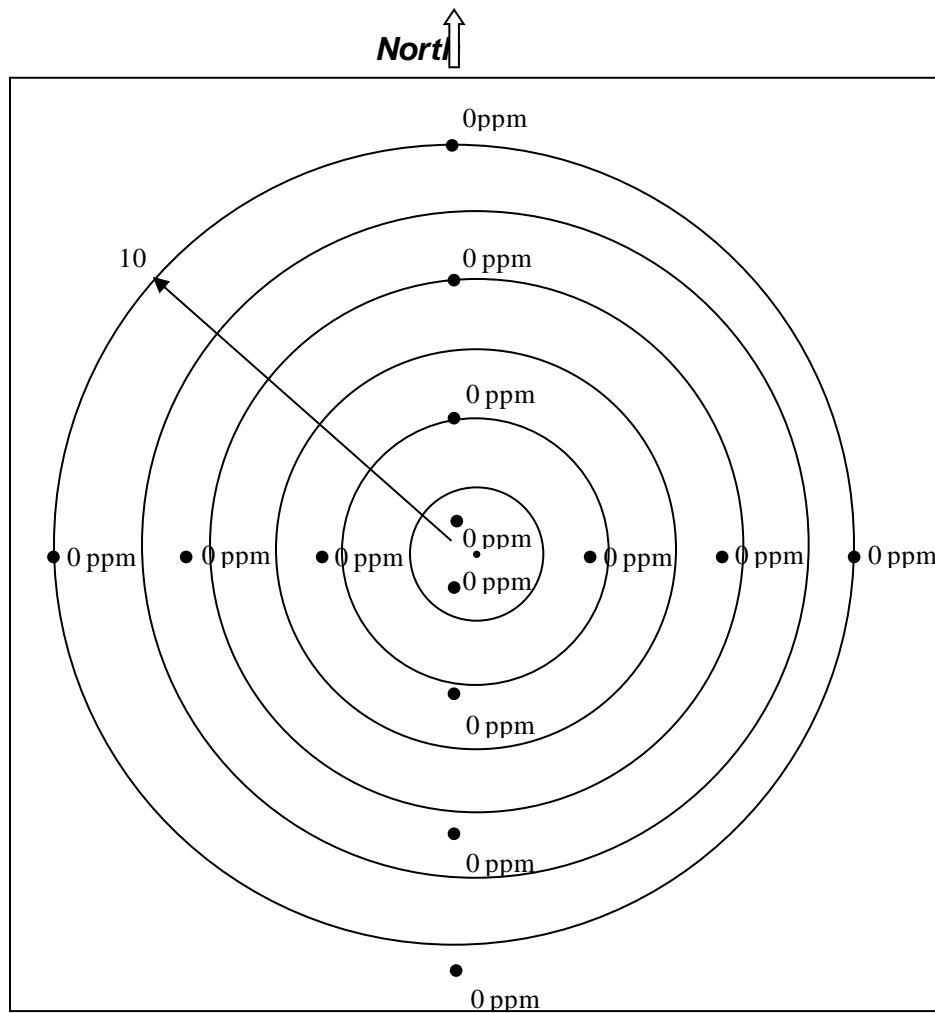
License Number:

Unique Identifier:

Date Tested:

Soil Gas Survey Data

The center dot in the diagram represents the wellbore / casing. NOTE: samples were taken EVERY METER OUTWARDS to 10 m.



Surface Casing Vent Flow/ Gas Migration Data Sheet

You must complete a separate form for each well and submit the form to the appropriate AER Area Office. The Well Abandonment Guide comes with a pad of additional data sheets: more copies are available from AER Information Services.

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

Day / Month / Year

YOUR FILE NUMBER

1. GENERAL INFORMATION AND CERTIFICATION

LICENSEE	COMPANY NAME	LICENSEE CODE
AGENT	COMPANY NAME	AGENT CODE
CONSULTANT	COMPANY NAME	CONSULTANT CODE
CONTACT PERSON	LAST NAME	FIRST NAME
TELEPHONE	BUSINESS	FAX
		EMAIL

2. WELL TEST INFORMATION

LICENSE NO.:	UNIQUE IDENTIFIER:	DATE TESTED
LE	LSD	SEC
	TWP	RGE
	M	Day / Month / Year

3. SURFACE CASING VENT FLOW TEST DATA

3.1 Vent flow Exist YES NO 3.2 Test Type (e.g., bubble test, other): _____
If YES, complete the rest of this section.

3.3 Type of Flow: Gas Oil Salt Water Other (please specify): _____
The flow is: Sweet Sour

3.4 Casing Information:
Surface Casing Depth: _____ m Size: _____ mm Grade: _____ Weight: _____ kg/m³
Production Casing Depth: _____ m Size: _____ mm Grade: _____ Weight: _____ kg/m³

3.5 Cementing Details:
Cement Top _____ m Logged: YES NO Estimated (from logs, tour reports) 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 TSM, [too small to measure])
Stabilized Build-up Pressure _____ kPa/m Duration: _____ hrs.
Source of Flow _____ m (depth)
Determined by (log type, etc.) _____

3.6 Groundwater Information:
Depth of Usable Water Aquifers _____ m Nearest Water Well _____ km

Tested by _____
PLEASE PRINT NAME SIGNATURE

ADAPTED FROM ALBERTA ENERGY AND UTILITIES BOARD

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Prairie Provident Resources
CFOL FT LIARD L-68-60-20-123-45
Inspection Photos



Figure 1 - PPR L-68 Swamp matting / Signage



Figure 2 - PPR L-68 (East)

Prairie Provident Resources
CFOL FT LIARD L-68-60-20-123-45
Inspection Photos



Figure 3 - PPR L-68 (North)

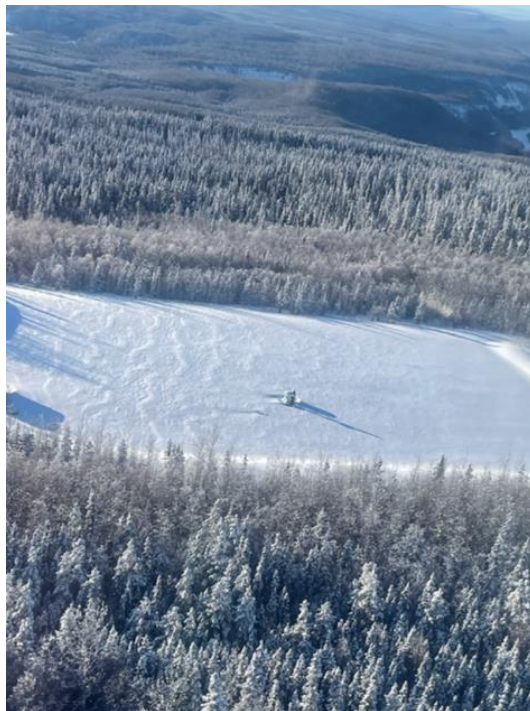


Figure 4 - PPR L-68 (South)

Prairie Provident Resources
CFOL FT LIARD L-68-60-20-123-45
Inspection Photos

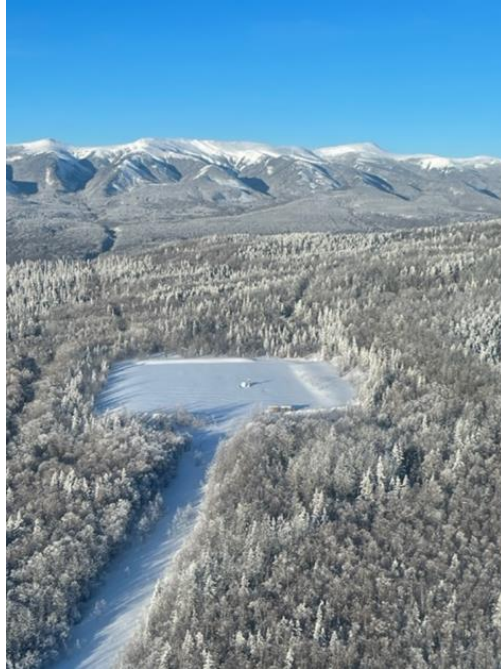


Figure 5 - PPR L-68 (West)



Figure 6 - PPR - L-68 Wellhead (East)

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Inspection Photos



Figure 7 - PPR L-68 Wellhead (North)



Figure 8 - PPR L-68 Wellhead (South)

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Inspection Photos



Figure 9 - PPR L-68 Wellhead (South)



Figure 10 - PPR L-68 SCVF Test

Prairie Provident Resources
CFOL FT LIARD L-68-60-20-123-45
Inspection Photos



Figure 11 - L-68 Swamp Matting