



**SCVF / Gas Migration**

Evidence of SCVF? <sup>Note 1</sup> No;

SCVF test conducted? Yes; 10 minute bubble test passed

Signs of gas migration outside surface casing? <sup>Note 1</sup> No;

Gas migration test conducted? Yes; See attached report

**Well**

Does well contain tubing? Yes;

Does well contain pump and rods? No;

Is there a packer/plug above the perms? Yes;

Are tapped bull plugs in place? Yes;

Shut in production casing pressure: 4 kPa <sup>Note 2</sup> Shut in intermediate casing pressure: \_\_\_\_\_ kPa <sup>Note 2</sup>

Shut in production tubing pressure: 50 kPa <sup>Note 2</sup>

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:**

General wellsite inspection completed, No deficiencies noted , Brush around wellhead should be cleared in 2022

The Surface Casing Vent passed the ten-minute bubble test. A surface combustible gas scan was performed near the wellbore; all readings were low. An intrusive soil gas migration test was then performed.

This well does not contain evidence of SCVF or gas migration at the time of this investigation.

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

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Operator	<u>OYDUHODUVDODDGDJFLWVEDSDFLW DVBHFLYHURIGWIDJGIVMZBURSHUW</u>	Inspected by	<u>Chris Watson - HeliSource</u>
Signature	 _____ <i>le Officer of Company</i>	Date	<u>0DUE</u>

**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 \_\_\_\_\_