



NWT OFFICE OF THE REGULATOR OF OIL AND GAS OPERATIONS

Office of the Regulator of Oil and Gas Operations

P.O. Box 1320, Yellowknife, NT X1A 2L9

Tel: 867-767-9097 • Fax: 867-920-0798 • Web: www.oroogo.gov.nt.ca

Courier Address: 4th floor, 5201 – 50th Avenue, Yellowknife, NT X1A 3S9

Bill Peterson
Senior VP, Development Operations
Canadian Natural Resources Ltd.
Suite 2100, 855 – 2 ST SW
CALGARY AB T2P 4J8

November 27, 2018

Dear Bill Peterson:

**Information Request No. 1:
Canadian Natural Resources Ltd. Request for Extension to Deadline
for Abandonment of Non-Compliant Suspended Wells (OA-2018-005)**

On November 26, 2018, the Office of the Regulator of Oil and Gas Operations (OROGO) received a complete application from Canadian Natural Resources Ltd. (CNRL) for an Operations Authorization (OA). The OA covers the proposed abandonment of thirteen wells operated by CNRL in the Fort Liard area.

In its cover letter, CNRL requests an extension to the down hole suspension requirements for the nine wells identified in the August 31, 2017 OROGO Suspended Well Review, which is required by August 31, 2019, in accordance with the *Well Suspension and Abandonment Guidelines and Interpretation Notes (Guidelines)* issued by the Regulator under section 18 of the *Oil and Gas Operations Act*.

In its OA application package, CNRL proposes to evaluate the schedule for well abandonments annually "with the objective of having operations complete by 2023". It also indicates that, "in the event that well conditions do not allow for the timelines proposed to be achieved, OROGO will be consulted and appropriate modifications to the execution plan will be proposed". January 31, 2023 is the deadline established in the Guidelines for the abandonment (or bringing back into production) of all wells suspended in compliance with the Guidelines prior to their coming into force.

An extension to the August 31, 2019 deadline for abandoning CNRL's nine non-compliant suspended wells requires a firm commitment on the part of the company to conducting the necessary work and recognition of the need to address the non-compliant wells in a timely manner. Therefore, please provide the following additional information in support of CNRL's request for an extension:

.../2

1. A rationale for the proposed extension that considers the Regulator's responsibilities for safety and the protection of the environment under OGOA;
2. A detailed schedule for the proposed work that will see all wells abandoned by the January 31, 2023 deadline, identifying which wells will be abandoned in which winter work season and prioritizing the abandonment of the non-compliant wells; and
3. Confirmation that a Benefits Plan for all of the work as scheduled, or a request for a waiver of the requirement for a Benefits Plan, has been submitted to the Minister of Industry, Tourism and Investment of the Government of the Northwest Territories for approval.

Please send your written responses and any associated correspondence to Mr. James Fulford, Chief Conservation Officer, OROGO, by email at orogo@gov.nt.ca or through OROGO's secure file transfer site.

Please submit your response on or before 4:00 p.m. on December 14, 2018. If you are unable to respond within this timeframe or have any questions, please contact me at (867)767-9097 Ext: 78003 or by email at Pauline.dejong@gov.nt.ca.

Sincerely,



Pauline de Jong
Senior Advisor, Legislation and Policy

c. Arly Castillo, Regulatory Coordinator, CNRL



518-31578514

NOT NEGOTIABLE / NON NÉGOCIABLE
AIR WAYBILL
LETTRE DE TRANSPORT AÉRIEN

SHIPPER NAME / NOM DE L'EXPÉDITEUR ORLGO - JIISIKE		ACCOUNT NUMBER / NO. DE COMPTE CR01001W		SERVICE REQUIRED (DESCRIPTION ON BACK) SERVICE REQUIS (DESCRIPTION AU VERSO) <input type="checkbox"/> GUARANTEED PRIORITY <input type="checkbox"/> PRIORITAIRE GARANTI		METHOD OF PAYMENT MODE DE PAIEMENT <input checked="" type="checkbox"/> PREPAID PORT PAYÉ <input type="checkbox"/> COLLECT PORT DÙ	
ADDRESS / ADRESSE 4th Floor Montreal		CITY / VILLE Yellowknife NT		PROVINCE NT		POSTAL CODE / CODE POSTAL X1A3S9	
TELEPHONE (REQUIRED) / RENSEIGNEMENTS (867) 767-9077 ext. 7801		SHIPPER'S REFERENCE NUMBER / NO. DE RÉFÉRENCE DE L'EXPÉDITEUR 2111		REQUESTED FLIGHT <input checked="" type="checkbox"/> ENVELOPE		EQUIPMENT FLT <input type="checkbox"/> GENERAL	
CONSIGNEE NAME / NOM DE DESTINATAIRE [REDACTED]		ACCOUNT NUMBER / NO. DE COMPTE [REDACTED]		THIRD PARTY ACCOUNT #		CASH / COMPTE <input type="checkbox"/> ACCOUNT / COMPTE <input checked="" type="checkbox"/> CREDIT CARD / CARTE DE CRÉDIT	
ADDRESS / ADRESSE JULIE 2100, 855-2nd St. SW		CITY / VILLE Calgary AB		PROVINCE AB		POSTAL CODE / CODE POSTAL T2P4J8	
TELEPHONE (REQUIRED) / RENSEIGNEMENTS (403) 519-6700		ATTENTION / À L'ATTENTION DE Bill Horden		NAME / NOM		Cred # / Carte	
NUMBER OF PIECES / NO. DE COSES 1		WEIGHT / POIDS 1 KG		REQUIRED DESCRIPTION OF CONTENTS / DESCRIPTION DU CONTENU REQUIS letter			
DELIVERY / LIVRAISON <input type="checkbox"/> HOLD AND NOTIFY / CONSERVEZ ET AVISEZ <input checked="" type="checkbox"/> NORMAL / NORMALE <input type="checkbox"/> SPECIAL / SPÉCIALE		SPECIAL DELIVERY INSTRUCTIONS / DIRECTIVES SPÉCIALES		SHIPPER CERTIFIES THAT THE PARTICULARS ON THE FACE HEREOF ARE CORRECT AND THAT INsofar AS ANY PART OF THE CONSIGNMENT CONTAINS DANGEROUS GOODS, SUCH PART IS PROPERLY DESCRIBED BY NAME AND IS IN PROPER CONDITION FOR CARRIAGE BY AIR ACCORDING TO THE APPLICABLE DANGEROUS GOODS REGULATION. SHIPPER HEREBY AGREES THAT THIS AIR WAYBILL IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE HEREOF. L'EXPÉDITEUR CERTIFIE QUE LES INDICATIONS PORTÉES SUR LE PRÉSENT DOCUMENT SONT EXACTES ET QUE, DANS LA MESURE OÙ UNE PARTIE QUELCONQUE DE L'EXPÉDITION CONTIENT DES MARCHANDISES DANGEREUSES, CETTE PARTIE D'EXPÉDITION EST CORRECTEMENT DESIGNÉE ET BIEN PRÉPARÉE POUR LE TRANSPORT AÉRIEN, CONFORMÉMENT À LA RÉGLEMENTATION POUR LE TRANSPORT DES MARCHANDISES DANGEREUSES APPLICABLE. PAR LA PRÉSENTE, L'EXPÉDITEUR CONVIENT QUE LA PRÉSENTE LETTRE DE TRANSPORT AÉRIEN EST ASSUJETTE AUX CONDITIONS QUI FIGURENT AU VERSO.		INSURANCE / ASSURANCE IF INSURANCE IS REQUIRED, INDICATE THE AMOUNT TO BE INSURED SI UNE ASSURANCE EST REQUISE, INDIQUER LE MONTANT ASSURER AMOUNT OF INSURANCE / DECLARED VALUE MONTANT DE L'ASSURANCE / VALEUR DÉCLARÉE <input type="checkbox"/> INSURANCE DECLINED / L'ASSURANCE A DÉCLINÉ	
AGENT'S SIGNATURE / SIGNATURE DE L'AGENT [Signature]		DATE 11 28 15		TIME / HEURE 9:45 AM		SHIPPER'S SIGNATURE / SIGNATURE DE L'EXPÉDITEUR [Signature]	

DRIVER'S COPY
COPIE DU CONDUCTEUR