



<h2 style="margin: 0;">COMPLETION / WORKOVER REPORT</h2> <p style="margin: 0; font-size: small;">BC Oil and Gas Commission 2950 Jutland Road Victoria, BC V8T 5K2 Phone: (250) 419-4400 Facsimile: (250) 419-4403</p>	
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*A signed form and a complete report must be submitted under the authority of the Oil and Gas Activities Act, Drilling and Production Regulation, s.36, within thirty days of the end of each completion or workover operation, to the eSubmission Portal. An incomplete report will not be accepted and will be returned to the sender.*

REPORT INFORMATION	A
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<input type="checkbox"/> <b>Initial Completion</b>	<input type="checkbox"/> <b>Completion</b>	<input type="checkbox"/> <b>Workover</b>	<input type="checkbox"/> <b>Abandonment/ Abandon Zone</b>
<input type="checkbox"/> <b>Other</b>			

Well Name:	Well Permit No (WA #):
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Bottom-hole Location: <i>(if different from surface location)</i>	U.W.I.:
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Start Date: (YYYY-MM-DD)	Finish Date: (YYYY-MM-DD)
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Intervals Worked ( <b>mKB</b> ):	Geological Formation:
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Reason for Work:
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<p>Each of the following must be provided with this report:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chronological summary of work done</li> <li><input type="checkbox"/> Wellbore schematic in colour</li> <li><input type="checkbox"/> Detailed daily reports</li> <li><input type="checkbox"/> Additional supplementary supporting charts or reports, if applicable</li> </ul> <p>Note: If Hydraulic Fracturing conducted, the hydraulic fracture data and fracture fluid disclosure submissions must be made electronically.</p>
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Completion Activity: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perforate <input type="checkbox"/> Fracture <input type="checkbox"/> Surface Abandon <input type="checkbox"/> Zone Abandon <input type="checkbox"/> Bridge Plug <input type="checkbox"/> Acid <input type="checkbox"/> Cement Squeeze <input type="checkbox"/> Remedial <input type="checkbox"/> Other
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Results of work done:
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Status of well as a result of work done (completed, oil, gas, abandoned, suspended, etc):
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CONTACT INFORMATION	B
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Name:	Position:	Signature:
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Permit Holder:	Date: (YYYY-MM-DD)
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Phone:	Fax:	Email:
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The personal information requested on this form is collected under the authority of and used for the purpose of administering the Oil and Gas Activities Act. Under certain circumstances, some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, contact the Commission's Record Management Officer.