



<b>COMPLETION / WORKOVER REPORT</b> BC Energy Regulator 2950 Jutland Road Victoria, BC V8T 5K2 Phone: (250) 419-4400 Facsimile: (250) 419-4403	
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A **signed form** and a **complete report** must be submitted under the authority of the Energy Resources 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.

<b>REPORT INFORMATION</b>	<b>A</b>
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<input type="checkbox"/> Initial Completion	<input type="checkbox"/> Completion	<input type="checkbox"/> Workover	<input type="checkbox"/> Abandonment / Abandon Zone	<input type="checkbox"/> Other
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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 (mKB):	Geological Formation:
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Reason for Work:
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The following <b>MUST</b> be provided with <b>ALL</b> Comp W/O submissions: <input type="checkbox"/> Chronological summary of work done <input type="checkbox"/> Wellbore schematic in color. [Include: perf, frac and fish depth details.] <input type="checkbox"/> Detailed daily reports <input type="checkbox"/> Additional supplementary supporting charts, photos or reports, if applicable.	For <b>Initial Completions</b> : ( <a href="#">Link to FAQ</a> ) <input type="checkbox"/> Include Frac Treatment Summary and Pump Charts <input type="checkbox"/> If Hydraulic Fracturing conducted, submit separately: ○ the hydraulic fracture data (FRAC.CSV) ○ fluid disclosure submissions (FracFocus). <input type="checkbox"/> Toe Port Open? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DFIT Done: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Any Casing Deformation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skipped Stages?
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Completion Activity: <input type="checkbox"/> Open Hole <input type="checkbox"/> Fracture <input type="checkbox"/> Surface Abandon <input type="checkbox"/> Bridge Plug <input type="checkbox"/> Cement Squeeze <input type="checkbox"/> Zone Abandon <input type="checkbox"/> Perforate <input type="checkbox"/> Remedial <input type="checkbox"/> Other
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Results of work done:
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<b>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 Energy Resources 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 Regulator's Record Management Officer.