



WELL TERMINATION RECORD

WELL DATA

Pursuant to section 2000 of the Canada-Nova Scotia Offshore Area Petroleum Operations Framework Regulations

Well Name: _____	Operator: _____
Drilling Unit: _____	Contractor: _____
Field/Pool: _____	Well Status: _____
Final Coordinates: Lat: _____	Long: _____
Elevations RT/KB: _____	Water Depth: _____
Spud Date: _____	Well Termination Date: _____
Total Depth: _____	

CASING AND CEMENTING

O.D.:	Weight	Grade:	Depth Set:	Cement and Additives:
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TERMINATION PROGRAM

Approval of the following program was obtained by (person) _____
 from (person) _____ of the Canada - Nova Scotia Offshore Energy Regulator
 by means of _____ dated _____.

Type of Plug:	Interval:	Felt/Pressure Tested:	Cement & Additives:
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Lost Circulation/Overpressure Zone: _____

Equipment left on Seafloor (Describe): _____

Describe in a wellbore diagram and attach: _____

DECLARATION

The undersigned Operator's Representative hereby declares that on the basis of personal knowledge of operations undertaken at the above named well, the above information is true, accurate and complete.

Signed: _____ Title: _____
Operator's Representative

Name: _____ Date: _____

ACKNOWLEDGEMENT

Acknowledged by: _____ Date: _____
Chief Executive Officer