Énergie et Ressources naturelles
Québec

Direction du bureau des hydrocarbures
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ANNUAL INSPECTION WORKSHEET TEMPORARILY CLOSED WELL OBSERVATION WELL

* If applicable

Date received by the Department

IDENTIFICATION							
Well number		Licence holder		Expiry of the licence	YYYY/MM	Lot number*	
Well name		Licence number		Date of inspection	YYYY/MM/DD	Cadastre number*	
Location of the well (NAD83 DD MIN SEC)				Time start of inspection		Date of temporary closure*	
Latitude N		Longitude W		Time end of inspection		YYYY/MM/DD	

INTERVENING PARTIES			
Name	Position	Company	Tel. or email

SITE SAFETY – The perimeter of the well is protected.	
A sign at the entrance of the site indicates the elements covered.	

STATE OF THE PREMISES – Safety and environment			
The geographical coordinates are accurate and allow easy location of the well.		The site is free of residual materials.	
The access leading to the well is tidy and safe.*		The site is free of dangerous goods.	
The layout of the equipment around the well is limited.		A test of gas migration in the soil has been carried out.	

WELLHEAD – If applicable, check the integrity.			
A wellhead is present.		A surface casing vent flow is present.	
All valves are chained and locked or the handles have been removed.		The surface casing vent flow valve is open.	
The wellhead is free of corrosion or erosion.		The surface casing vent flow is blocked.	
The wellhead is designed to withstand the measured pressure.		Insert the flow measured at the surface casing vent flow (with the unit).	
The flow pipe is disconnected from the wellhead.		Insert the concentration of gas at the vent of the casing (with the unit)	
Each outlet is equipped with a plug or a blind flange with a needle valve to read the flow, except on the surface casing vent flow.		The emanation is only composed of gas.	
A leak is observed in the guide tube.		Indicate the composition of the fluid at the vent.	
		There is a leak on the vent joints and welds.	

ANNUAL MONITORING OF THE PRESSURE - If applicable, enter the pressures in kPa in all the annular spaces and in the production tubing.					
Pressure of the production casing:		Pressure of the intermediate casing:		Pressure of the surface casing:	
Pressure of the production tubing:		Are the pressures constant with respect to the last measurements?			

REGULAR PREVENTIVE MAINTENANCE			
Insert the date of the last regular preventive maintenance.	YYYY/MM	The joints are leakproof.	
Maintenance has been carried out during the inspection.		The valves are in good condition.	
Insert the date planned for the next maintenance.	YYYY/MM	If repairs are required, indicate the nature of the repairs and the date planned for the work.	

SPECIFIC VERIFICATIONS AT THE WELL (critical elements, validation of compliance for engineering, etc.)

ADDITIONAL INFORMATION

INSTRUMENTATION – Specify the instruments used for the inspection (flow meter, gas detector, etc.).			

APPENDICES – If applicable, attach at least one photograph of the protected perimeter of the well and one overall photograph of the wellhead.			
Type of document	Name of document	Description of content	Number of pages

DECLARATION - Confirmation of the validity of the information contained in the report			
Name	Signature	Tel. and email	Date
Inspector:			
Inspector:			
Approver:			