

# Well Barrier Integrity Validation Report

## Approved Form

This is the approved form for the purposes of regulation [66AAR\(3\)\(a\)](#) of the *Petroleum Regulations 2020*.

Use this form to submit a well barrier integrity validation report (WBIV) if you complete a new well, or you install, replace, modify or remove a sub-surface well barrier or you receive evidence that a sub-surface well barrier has been degraded. This report must be submitted within 30 days of any of these events occurring.

Refer to the [Well Barrier Integrity Validation Reporting Guideline](#) (WBIV Guideline) prior to submission.

Interest holder details			
Name:			
A.B.N. / A.C.N.:			
Petroleum interest reference: (EP, RL, L or OL number)		Expiry date:	
Business address:			
Postal address:			
Contact person:			
Telephone:		Email:	
Operator details (if different from above)			
Contact person:			
Business name:			
A.B.N. / A.C.N.:			
Business address:			
Postal address:			
Telephone:		Email:	
Well details			
Name of well:			
WOMP (Document #, revision # and date):			
Date WBIV Report submission:			

Date of independent validation:		
New well		
WBIV report has been produced following a well completion step being undertaken. Refer <a href="#">WBIV guideline</a> for further information.		<input type="checkbox"/>
<b>Describe the completion step that has triggered the requirement for a WBIV:</b> (E.g. upper well completion, cessation of hydraulic fracturing operations, wellhead or christmas tree installation or flow testing.)		
Date operation completed:		
Existing well		
WBIV report has been produced following an installation, replacement, modification or removal of a sub-surface well barrier		<input type="checkbox"/>
<b>Describe the relevant changes to sub-surface well barrier that has triggered the requirement for a WBIV:</b> E.g. an intervention in the well where a well barrier is added, replaced, modified (including repair) or removed, or a well has been suspended or decommissioned.		
Date operation competed:		

Evidence obtained that a sub-surface well barrier has been degraded			<input type="checkbox"/>
<b>Describe how it was determined that a sub-surface barrier failed or has become degraded:</b> E.g. re-validation of a well barrier element (WBE) in accordance with a WOMP determines if a well barrier is de-rated or a well barrier has failed.			
Date evidence was obtained:			
<b>Required attachments</b>			
<b>Attachment 1</b> A WBIV report that summarises all activities undertaken to verify the status of the barriers, which include well acceptance criteria specified in the relevant well operations management plan (WOMP) as appropriate. Refer <a href="#">WBIV guideline</a> for further information.			<input type="checkbox"/>
<b>Attachment 2</b> A fully labelled well barrier diagram <u>suitable for publication</u> that contains relevant well and stratigraphy information. Refer <a href="#">WBIV guideline</a> for further information.			<input type="checkbox"/>
<b>Attachment 3 (see next page)</b> Statement by the independent competent person and supporting evidence.			<input type="checkbox"/>
<b>Declaration by interest holder</b>			
I declare that the information contained in this form is true and correct to the best of my knowledge. I understand that providing misleading information is an offence as per section 107 of the <i>Petroleum Act 1984</i> .			
Name:			
Signature:		Date:	

## Attachment 3: Statement by independent competent person and supporting evidence

Independent competent person details			
Name:			
Business name:			
A.B.N. / A.C.N.:			
Business address:			
Postal address:			
Telephone:		Email:	
Independent competent person statement/declaration			
<p>In relation to <u>insert well name</u> on petroleum interest <u>insert title type and number (EG: EP123)</u>, I declare that:</p> <ul style="list-style-type: none"> <li>• I have verified the attached well barrier integrity validation report; and</li> <li>• I have verified the accuracy of the attached well barrier diagram; and</li> <li>• I confirm the processes undertaken to determine the integrity of the well barriers were valid; and</li> <li>• I am suitably qualified to make this verification; and</li> <li>• I am not an employee of the interest holder or of a contractor engaged by the interest holder for the design, construction, operation or management of the well; and</li> <li>• I have not had any involvement in the design, construction, operation or management of the well.</li> </ul>			
Name:			
Signature:		Date:	
Evidence provided to demonstrate independence and competency			
<b>Attachment A</b> E.g. Signed letter confirming the independence of the competent person.			<input type="checkbox"/>
<b>Attachment B</b> E.g. Resume detailing the training and experience that makes the competent person suitably qualified to make the above verifications.			<input type="checkbox"/>

## Lodgement

You may submit this application and any attachments via email or post to:

Email: [petroleum.operations@nt.gov.au](mailto:petroleum.operations@nt.gov.au)  
Post: Attention: Petroleum Operations  
GPO Box 4550  
Darwin NT 0801

## Further information

For further information, contact Petroleum Operations on 08 8999 6030 or email [petroleum.operations@nt.gov.au](mailto:petroleum.operations@nt.gov.au).

## Privacy statement

The Department of Mining and Energy complies with the [Information Privacy Principles](#) scheduled by the *Information Act 2002*.

Document title	Well Barrier Integrity Validation Report
Contact details	Department of Mining and Energy
Approved by	Senior Executive Director, Energy Development
Date approved	30/04/2025
Document review	Biennially
TRM number	NA

Version	Date	Author	Changes made
1.0	30/04/2025	Energy Development	Initial approved form