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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | |
| Approved Form  This is the approved form for the purposes of [regulation 66AAR(3)(a)](https://legislation.nt.gov.au/en/Legislation/PETROLEUM-REGULATIONS-2020#page=56&zoom=auto,88,508) 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](https://nt.gov.au/__data/assets/pdf_file/0012/887097/guideline-well-barrier-integrity-validation-reporting.pdf) (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 [WBIV guideline](https://nt.gov.au/__data/assets/pdf_file/0012/887097/guideline-well-barrier-integrity-validation-reporting.pdf) for further information. | | | | | | | | | | | | | |  | |
| **Describe the completion step that has triggered the requirement for a WBIV:**  (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 | | | | | | | | | | | | | |  | |
| Describe the relevant changes to sub-surface well barrier that has triggered the requirement for a WBIV:  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 | | | | | | | | | | | | | |  | |
| Describe how it was determined that a sub-surface barrier failed or has become degraded:  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:** | | | | |  | | | | | | | | | | |
| **Required attachments** | | | | | | | | | | | | | | |
| **Attachment 1**  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 [WBIV guideline](https://nt.gov.au/__data/assets/pdf_file/0012/887097/guideline-well-barrier-integrity-validation-reporting.pdf) for further information. | | | | | | | | | | | | |  | |
| **Attachment 2**  A fully labelled well barrier diagram suitable for publication that contains relevant well and stratigraphy information. Refer [WBIV guideline](https://nt.gov.au/__data/assets/pdf_file/0012/887097/guideline-well-barrier-integrity-validation-reporting.pdf) for further information. | | | | | | | | | | | | |  | |
| Attachment 3 (see next page)  Statement by the independent competent person and supporting evidence. | | | | | | | | | | | | |  | |
| Declaration by interest holder | | | | | | | | | | | | | | |
| 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 *Petroleum Act 1984*. | | | | | | | | | | | | | | |
| 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 | | | | | | |
| In relation to insert well name on petroleum interest insert title type and number (EG: EP123), I declare that:   * I have verified the attached well barrier integrity validation report; and * I have verified the accuracy of the attached well barrier diagram; and * I confirm the processes undertaken to determine the integrity of the well barriers were valid; and * I am suitably qualified to make this verification; and * 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 * I have not had any involvement in the design, construction, operation or management of the well. | | | | | | |
| Name: |  | | | | | |
| Signature: |  | | | Date: |  | |
| Evidence provided to demonstrate independence and competency | | | | | | |
| Attachment A  E.g. Signed letter confirming the independence of the competent person. | | | | | |  |
| Attachment B  E.g. Resume detailing the training and experience that makes the competent person suitably qualified to make the above verifications. | | | | | |  |

|  |  |
| --- | --- |
| 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](https://infocomm.nt.gov.au/privacy/information-privacy-principles) scheduled by the *Information Act 2002*. | |
| End of form |

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| --- | --- |
| **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 |
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