



**MECHANICAL INTEGRITY TEST**

Test Method: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that the test was performed on \_\_\_\_\_, 20\_\_ and demonstrated mechanical integrity of the well. The test was witnessed by \_\_\_\_\_ representing the Office of Oil and Gas.

\_\_\_\_\_  
Well Operator

\_\_\_\_\_  
Date

**THIS WELL IS AUTHORIZED FOR INJECTION.**

Signed \_\_\_\_\_ UIC PROGRAM DIRECTOR

Date \_\_\_\_\_

[NOTE: That the mechanical integrity of this well must be demonstrated again within ninety (90) days of five years from this date in order for injection to continue. Please notify the state inspector 24 hours in advance of the test].

\_\_\_\_\_  
Well Operator  
By: \_\_\_\_\_  
Its \_\_\_\_\_