

**COMMONWEALTH OF KENTUCKY**  
DEPARTMENT FOR NATURAL RESOURCES  
DIVISION OF OIL AND GAS  
P. O. BOX 2244  
FRANKFORT, KY 40602  
PHONE: 502 573-0147

CERTIFICATE OF COMPLETION FOR AN INJECTION WELL

- 1) Permit No: \_\_\_\_\_ (A copy of well location plat must be attached)
- 2) Operator (name and address) \_\_\_\_\_
- 3) Lease Name \_\_\_\_\_ Well No. \_\_\_\_\_  
 FNL  FEL
- 4) Carter Coordinate \_\_\_\_\_  FSL  FWL Section \_\_\_\_\_ Letter \_\_\_\_\_ Number \_\_\_\_\_
- 5) County \_\_\_\_\_ Elevation \_\_\_\_\_ Total Depth \_\_\_\_\_

6) The casing program for the above identified well is as follows:

Casing Size	New or Used	No. Sacks Cement	Cement Column -Top to Bottom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Injection shall be accomplished through tubing and packer as described below.

Size of Tubing	Type of Packer	Packer Depth
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 8) Was cement bond log run? YES  NO  If yes, attach one copy.
- 9) Maximum anticipated injection pressure at well head \_\_\_\_\_ psi.
- 10) Maximum anticipated injection volume \_\_\_\_\_ (bbls)  (cu.ft.)  per day.
- 11) The injection zone is known as the (geological name) \_\_\_\_\_, and this formation occurs in this well from \_\_\_\_\_ to \_\_\_\_\_.
- 12) a. The \_\_\_\_\_ size casing has been cemented to a depth of \_\_\_\_\_ and the perforated interval is from \_\_\_\_\_ to \_\_\_\_\_ with \_\_\_\_\_ number of perforations.
- b. The injection interval is through an open hole and porous strata below the injection interval has not been drilled or is plugged back with a column of cement from \_\_\_\_\_ to \_\_\_\_\_.
- 13) Describe in detail the monitoring method for the annulus between the injection tubing and the next string of casing. Identify the type of instrument to be used and the time interval between observations by a responsible party. Records of monitoring must be kept on file by the operator and available to the Division of Oil and Gas upon request. (Use additional pages if needed.)

14) I, the operator of the above identified well, certify that the above information is accurate and correct and that I further certify that I have run the following mechanical integrity test(s) of the installation to insure there are no leaks in the system. (Describe each test fully) (Use additional pages if needed) (Test Pressure must exceed the maximum anticipated injection pressure listed on line 9 by at least 100 psi).

Certified by \_\_\_\_\_ (Operator's signature only)

Date \_\_\_\_\_ Name of signee \_\_\_\_\_

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**Attachment For Question #13**

**Use this attachment sheet to provide the information for question number 13:**

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**Attachment For Question #14**

**Use this attachment sheet to provide the information for question number 14:**