

COMMONWEALTH OF KENTUCKY
 DEPARTMENT FOR NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 300 Sower Blvd.
 Frankfort, KY 40601
 Phone: (502) 573-0147
 Fax: (502) 564-4245
 http://oilandgas.ky.gov



FOR OFFICIAL USE ONLY
Bond No: _____
UIC Permit No.: _____
Operator No.: _____

CERTIFICATION OF MECHANICAL INTEGRITY

New Well Existing Well Converted to Injection Periodic Test (Required every 5 years)

Well Owner/Operator: _____

Permanent Address: _____

City: _____ Street _____ State: _____ Zip Code: _____ Phone: _____

E-mail: _____

Farm Name: _____ Well Number: _____ County: _____

Carter FNL FEL

Coordinates: _____ FSL _____ FWL SEC _____ LTR _____ NO. _____

WELL CONSTRUCTION

Total Depth: _____	Injection Interval(s): _____	<input type="checkbox"/> Wellbore Schematic Attached
Tubing Depth: _____	Tubing Size: _____	Size of Casing Tested: _____
Packer Depth: _____	Packer Model: _____	<input type="checkbox"/> Cement/Temp./Noise Logs

MECHANICAL INTEGRITY PRESSURE TEST (MIPT)

Perform MIPT test at minimum of 300 psi for a minimum of 30 minutes

Start Time: _____	Injection Pressure: _____	Annulus Pressure: _____
End Time: _____	Injection Pressure: _____	Annulus Pressure: _____

Injection Medium: Gas (Nitrogen or approved gas) Liquid

Well Injecting During Test Well Shut-In During Test

CERTIFICATION

<p>I, _____, hereby certify</p> <p style="text-align: center;">Print Name</p> <p>I am authorized to make this report and the subject MIT well test was performed under my supervision and direction and the referenced well has mechanical integrity and said well's pressure did not deviate more than 3% (+-) of the test pressure and all facts stated herein are true and correct.</p> <p>Signature _____</p> <p>Title _____</p> <p>Date: _____</p>	<p style="text-align: center;">Kentucky Division of Oil and Gas</p> <p>Inspector: _____</p> <p style="text-align: center;">Print Name</p> <p>Signature: _____</p> <p>Date: _____</p>
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Sworn to and subscribed before me this _____ day of _____, 20____

 Notary Public
 FORM ED-22 (8/07)