

COMMONWEALTH OF KENTUCKY  
 DEPARTMENT FOR NATURAL RESOURCES  
 DIVISION OF OIL AND GAS  
 300 SOWER BLVD  
 FRANKFORT, KY 40601  
 502-573-0147



# CERTIFICATION OF MECHANICAL INTEGRITY

New Well
  Existing Well Converted to Injection
  Periodic Test

Well Owner/Operator \_\_\_\_\_

Permanent Address \_\_\_\_\_

STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

D.O.G. Permit No \_\_\_\_\_ EPA Identification No KYS \_\_\_\_\_

Mineral Owner Name \_\_\_\_\_ Well No \_\_\_\_\_ County \_\_\_\_\_

Carter Coordinate Location

FNL                       FEL  
 FSL                       FWL    SEC \_\_\_\_\_ LETTER \_\_\_\_\_ NUMBER \_\_\_\_\_

### WELL CONSTRUCTION

<b>Total Depth:</b>	<b>Injection Interval(s):</b>	<input type="checkbox"/> Wellbore Schematic Attached
<b>Tubing Depth:</b>	<b>Tubing Size:</b>	<b>Size of Casing Tested:</b>
<b>Packer Depth:</b>	<b>Packer Model:</b>	<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*

<b>Start Time:</b>	<b>Injection Pressure:</b>	<b>Annulus Pressure:</b>
<b>End Time:</b>	<b>Injection Pressure:</b>	<b>Annulus Pressure:</b>

**Injection Medium:**     Gas (Nitrogen or approved gas)                       Liquid  
                                   Well Injecting During Test     Well Shut-In During Test

### CERTIFICATION

I, _____, hereby certify <p style="text-align: center;">Print Name</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. Signature _____  Title _____  Date _____	<b>Kentucky Division of Oil and Gas</b>  Inspector _____ <p style="text-align: center;">Print Name</p> Signature _____  Date _____
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