

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

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>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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