



Division of Oil and Gas
 One Natural Resources Way
 Springfield, IL 62702-1271
 (217) 557-6379

OG-13 / 23

TUBING AND PACKER REPORT
 MECHANICAL INTEGRITY-PRESSURE TEST

Type of Well New well Conversion Workover

10

PERMITTEE: WEST DRILLING CO.

PERMITTEE #: 877

WELL NAME: RAOKIN #1 SWD

WELL PERMIT #: 025819

REFERENCE #: 11947 11947

COUNTY: WHITE SECTION: 31 TOWNSHIP: 03N RANGE: 11E

GEOLOGIC NAME		DEPTHS OF INJECTION ZONES			
1	<u>TAR SPRINGS</u>	FROM	<u>2340</u>	TO	<u>2370</u>
2		FROM		TO	
3		FROM		TO	
4		FROM		TO	

WELLHEAD CONFIGURED TO CHECK:

ANNULUS PRESSURE YES NO INJECTION TUBING PRESSURE YES NO

PACKER

1 Brand and Type BAKER AD-1 Setting 2253

2 Brand and Type _____ Setting _____

If Injection during test, record wellhead injection pressure at time of test _____ psig

Present wellhead injection pressure _____ psig

ANNULUS PRESSURE TEST PASS FAIL

Time Began: _____ Time Ended: _____ Length of test _____

Start Pressure: _____ Final Pressure: _____ Change in Pressure: _____

INSPECTOR COMMENTS: _____

Inspector Signature: _____

OG-13 Inspection Date 06/12/2008

OG-23 Inspection Date _____

Manager Signature authorizing test/setting if Inspector not present _____ Date _____

IL472-0267 (Rev. 02/06)
 This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, pars. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.

14