



OG-13/23

13 Tubing and Packer Report 23 Mechanical Integrity-Pressure Test

Permittee: HAGGARD Well Service
Well Name: RANKIN # 1 SWD
County: WHITE
Section: 31 Township: 03S

Permittee #: 2685
Well Permit #: 025819
Reference #: 11947
Range: 11E

GEOLOGIC NAME AND DEPTHS OF INJECTION ZONES			
1.	_____	from _____	to _____
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	Setting	2 Brand and Type	Setting	

MIP 1050 #

IF INJECTION DURING TEST, RECORD WELLHEAD INJECTION PRESSURE AT TIME OF TEST	<u>-</u> PSIG	PRESENT WELLHEAD INJECTION PRESSURE	<u>600</u> PS
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ANNULUS PRESSURE TEST			<u>PASS X</u>	FAIL	
TIME BEGAN	<u>8:15 AM.</u>	TIME ENDED	<u>8:45 AM.</u>	LENGTH OF TEST	<u>30 min.</u>
START PRESSURE	<u>330 PSIG.</u>	FINAL PRESSURE	<u>330 PSIG.</u>	CHANGE IN PRESSURE	<u>-0-</u>

INSPECTOR COMMENTS: 5 YR. ANNIVERSARY
(USED 300 PSI TO REPAIR)


Inspector Signature

OG-13 Inspection Date
OG-23 Inspection Date 9-20-13

Manager Signature authorizing test/setting if Inspector not Present

Date

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.