



### INJECTION WELL - PRESSURE TEST

Well Name: _____		API Number: _____	
Qtr/Qtr: _____	Section: _____	Township: _____	Range: _____
Company Name: _____			
Lease: State _____	Fee _____	Federal _____	Indian _____
Inspector: _____		Date: _____	

**Initial Conditions:**

Tubing - Rate: \_\_\_\_\_ Pressure: \_\_\_\_\_ psi

Csg/Tbg Annulus - Pressure: \_\_\_\_\_ psi Packer Depth: \_\_\_\_\_ ft MD

**Conditions During Test:**

Top Perf: \_\_\_\_\_ ft MD

Time (Minutes)	Annulus Pressure	Tubing Pressure
0	_____	_____
5	_____	_____
10	_____	_____
15	_____	_____
20	_____	_____
25	_____	_____
30	_____	_____

Results: Pass/Fail

**Conditions After Test:**

Tubing Pressure: \_\_\_\_\_ psi

Casing/Tubing Annulus Pressure: \_\_\_\_\_ psi

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Operator Representative