

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

Operator _____

State Permit No. _____

Address _____

USEPA Permit No. _____

Date of Test _____

Well Name _____

Well Type _____

LOCATION INFORMATION _____ Quarter of the _____ Quarter of the _____ Quarter of the Section _____; Range _____; Township _____; County _____;

Company Representative _____; Field Inspector _____;

Type of Pressure Gauge _____ inch face; _____ psi full scale; _____ psi increments;

New Gauge? Yes No If no, date of calibration _____ Calibration certification submitted? Yes No

TEST RESULTS

Readings must be taken at least every 10 minutes for a minimum of 30 minutes for Class II, III and V wells and 60 minutes for Class I wells.

For Class II wells, annulus pressure should be at least 300 psig. For Class I wells, annulus pressure should be the greater of 300 psig or 100 psi above maximum permitted injection pressure.

Original chart recordings must be submitted with this form.

5-year or annual test on time? Yes No

2-year test for TA'd wells on time? Yes No

After rework? Yes No

Newly permitted well? Yes No

Time	Pressure (in psig)	
	Annulus	Tubing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Casing size _____

Tubing size _____

Packer type _____

Packer set @ _____

Top of Permitted Injection Zone _____

Is packer 100 ft or less above top of

Injection Zone ? Yes No

If not, please submit a justification.

Fluid return (gal.) _____

Comments:

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x 0.03 _____ psi

Test Period Pressure change _____ psi

Test Passed

Test Failed

If failed test, well must be shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))

Printed Name of Company Representative _____

Signature of Company Representative _____

Date _____