

Packer Leakage Test
 OAC 165:10-3-36

Operator				OCC No.
Address				Phone No.
City	State	Zip	FAX No.	
Lease Name/No.				API No.
Location within Sec.	Sec.	Twp.	Rge.	County
Field				

TEST I

Shut in date _____ Time _____

Producing Completion: Csg. Tbg. Reservoir _____

Well Opened Date	Time	Choke Size	inches
Stabilized shut in pressure (P.S.I.) Before Test	End of Test	Stabilized flowing pressure during test (P.S.I.)	
Time required for stabilized flowing pressure (hrs)		Time required for end of test stabilized shut in pressure (hrs)	

Shut In Completion: Csg. Tbg. Reservoir _____

Stabilized shut in pressure (P.S.I.) Before Test	End of Test	Shut in pressure during test (P.S.I.) Max.	Min.
Maximum pressure change during test (P.S.I.)	Increase	Time required for end of test stabilized shut in pressure (hrs)	
	Decrease		

TEST II

Shut in date _____ Time _____

Producing Completion: Csg. Tbg. Reservoir _____

Well Opened Date	Time	Choke Size	inches
Stabilized shut in pressure (P.S.I.) Before Test	End of Test	Stabilized flowing pressure during test (P.S.I.)	
Time required for stabilized flowing pressure (hrs)		Time required for end of test stabilized shut in pressure (hrs)	

Shut In Completion: Csg. Tbg. Reservoir _____

Stabilized shut in pressure (P.S.I.) Before Test	End of Test	Shut in pressure during test (P.S.I.) Max.	Min.
Maximum pressure change during test (P.S.I.)	Increase	Time required for end of test stabilized shut in pressure (hrs)	
	Decrease		

Signature _____ Date _____ Name & Title (Typed or Printed) _____

STATE OF _____)
)
)
 COUNTY OF _____)

SS:

Subscribed and sworn to before me, a Notary Public, this _____ day of _____.

My Commission Expires: _____

 Notary Public