



OG-13/23

13 Tubing and Packer Report 23 Mechanical Integrity-Pressure Test

Permittee: TRUEFLO SOLUTIONS, LLC Permittee #: 4717
 Well Name: TRUEFLO #1 Well Permit #: 204250
 County: WHITE Reference #: 216072
 Section: 06 Township: 065 Range: 09E

GEOLOGIC NAME AND DEPTHS OF INJECTION ZONES				
1.	<u>TAR SPRINGS SS.</u>	from	<u>2394'</u>	to <u>2400'</u>
2.	<u>" "</u>	from	<u>2406'</u>	to <u>2418'</u>
3.	<u>" "</u>	from	<u>2418'</u>	to <u>2430'</u>
4.		from		to

WELLHEAD CONFIGURED TO CHECK		Annulus Pressure		YES	NO	Injection Tubing Pressure		YES	NO
PACKER	1 Brand and Type	<u>BAKER AD-1 TENSION</u>				Setting	<u>2268'</u>		
	2 Brand and Type					Setting			

IF INJECTION DURING TEST, RECORD WELLHEAD INJECTION PRESSURE AT TIME OF TEST _____ PSIG	PRESENT WELLHEAD INJECTION PRESSURE _____ PSIG
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ANNULUS PRESSURE TEST			PASS	FAIL
TIME BEGAN	TIME ENDED	LENGTH OF TEST		
START PRESSURE	FINAL PRESSURE	CHANGE IN PRESSURE		

INSPECTOR COMMENTS: 2.88" PC TUBING.

Inspector Signature _____

OG-13 Inspection Date 12-18-14
 OG-23 Inspection Date _____

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.