Form H-5

06/03/85

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division

Disposal/Injection Well
Pressure Test Report

UIC CONTROL NO. _____

Type _____

FOR RRC USE ONLY

READ INSTRUCTIONS ON BACK

PLEASE TYPE OR PRINT

1. OPERATOR'S NAME			2. RRC OPERATOR NO.
3. ADDRESS			4. RRC DISTRICT NO.
			5. COUNTY
6. FIELD NAME (Exactly as shown on proration schedule)	7. FIELD NO.		8. API NO.
9. LEASE NAME	10a. OIL LEASE NO.	10b. GAS ID NO.	11. WELL NO.

12. REASON FOR TEST

- ☐ Initial Test Prior to Injection
- ☐ After Workover
- ☐ Annual Test Required By Permit
- ☐ Five-Year Test Required By Rule
- ☐ Other (Specify) _____

13. DATE OF TEST

14. RETEST? ☐ YES ☐ NO
If YES, see Instruction No. 5

15. WELL COMPLETION

	size	depth set
Surface Casing		
Long String Casing		
Tubing		

16a. PACKER MAKE AND MODEL

16b. DEPTH SET

17. AUTHORIZED INJECTION PRESSURE (PSIG): _____

18a. PERMITTED INJECTION INTERVAL
Top Bottom

18b. COMPLETED INJECTION INTERVAL
Top Bottom

19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]

TIME	TUBING	CASING	SURFACE CSG.	TIME	TUBING	CASING	SURFACE CSG.
Initial							
15 min.							
30 min.							

20. CHARACTERISTICS OF INJECTION FLUID
[see Instruction 4(e)]

21. CHARACTERISTICS OF ANNULUS FLUID
[see Instructions 4 (e) and 4(f)]

22. TEST WITNESSED BY RRC? ☐ YES ☐ NO
If NO, see Instruction 4(a)
If YES, Name of RRC Representative _____

23. WERE OTHER TESTS/SURVEYS PERFORMED AT THIS TIME? ☐ YES ☐ NO. If YES, List:

24. OPERATOR COMMENTS ON TEST (attach separate sheet if necessary)

25. WELL STATUS: ☐ Active ☐ Temporarily Abandoned ☐ Other (Specify) _____

CERTIFICATE:

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated herein are true, correct, and complete, to the best of my knowledge.

_____
Signature

_____
Name of Person (type or print) Title

Telephone No. ( ) _____ Date _____

INSTRUCTIONS

Form H-5: Disposal/Injection Well Pressure Test Report

NOTICE: This form is NOT to be used for underground hydrocarbon storage wells regulated under Statewide Rule 74.

1. **WHO TO NOTIFY** - The appropriate District Office must be notified at least 48 hours prior to any pressure test. Testing shall not commence before the end of the 48-hour period unless authorized by the District Office.

2. **WHEN TO FILE** - File within 30 days after the date of any pressure test.

3. **WHERE TO FILE** - File in duplicate, including any attachments, with the appropriate District Office.

4. **TEST REQUIREMENTS** -

   (a) A pressure recorder must be used for all tests. The pressure recording chart must be signed by the operator's field representative. The pressure recording chart must be filed with this form for any test not witnessed by a Railroad Commission representative. The maximum range of the pressure recording chart must be such that the casing test pressure falls within 30-70% of full scale. If a circular pressure recording chart is used, the clock on the pressure recorder must not exceed 24 hours.

   (b) A pressure gauge must be used when taking pressure readings to be entered in Item 19. The maximum range of the pressure gauge must be such that the casing test pressure falls within 30-70% of full scale. The precision of the pressure gauge must be such that the minimum pressure increment is no more than 5% of the test pressure required by instruction 4(c).

   (c) The casing test pressure must be at least equal to the maximum authorized injection pressure or 500 psig, whichever is less, but no less than 200 psig. For wells equipped for injection through tubing and packer, a pressure differential of at least 200 psig must exist between the tubing-casing annulus pressure and any tubing pressure.

   (d) The test must be conducted for a period of no less than 30 minutes. A longer test may be required at the discretion of the District Office. For longer tests, pressure readings must be taken at least every 30 minutes. Pressure readings must be entered in Item 19.

   (e) If any pressure anomaly occurs during the pressure test, list the characteristics (such as temperature and specific gravity) of the injection fluid (Item 20) and the fluid in the annulus (Item 21) necessary to explain the anomaly.

   (f) If the annulus is not loaded with fluid for the test, explain in Item 21.

5. **RETEST REQUIREMENTS** - If a retest is being performed as a result of a previous test failure, give the date of last unsuccessful test and explain any remedial action that was taken to prepare the well for retest (casing repair, tubing and/or packer replacement, etc.). Explain in Item 24.

REFERENCE: Statewide Rules 9 and 46