



OG-13/23

13 Tubing and Packer Report     23 Mechanical Integrity-Pressure Test

Permittee: TRUEFLO SOLUTIONS, LLC  
Well Name: TRUEFLO #1  
County: WHITE  
Section: 06 Township: 06S

Permittee #: 4717  
Well Permit #: 204250  
Reference #: 216072  
Range: 09E

GEOLOGIC NAME AND DEPTHS OF INJECTION ZONES				
1.		from		to
2.		from		to
3.		from		to
4.		from		to

WELLHEAD CONFIGURED TO CHECK	Annulus Pressure	YES	NO	Injection Tubing Pressure	YES	NO
<b>PACKER</b>	1 Brand and Type			Setting		
	2 Brand and Type			Setting		

IF INJECTION DURING TEST, RECORD WELLHEAD INJECTION PRESSURE AT TIME OF TEST <u>—</u> PSIG	PRESENT WELLHEAD INJECTION PRESSURE <u>0</u> PSIG
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ANNULUS PRESSURE TEST			PASS <input checked="" type="checkbox"/>	FAIL	
TIME BEGAN	1:30 PM.	TIME ENDED	2:00 PM.	LENGTH OF TEST	30 MIN.
START PRESSURE	350 PSIG.	FINAL PRESSURE	350 PSIG.	CHANGE IN PRESSURE	-0-

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

\_\_\_\_\_  
Inspector Signature

OG-13 Inspection Date	
OG-23 Inspection Date	3-27-15

\_\_\_\_\_  
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.