



FLUID LEVEL / PRESSURE TEST REPORT

State Form 56436 (12-17) / Form No. R6

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
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 Indianapolis, IN 46204
 Telephone number: (317) 232-4055
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FOR DIVISION USE ONLY	
Fluid Depth Calculation	
Surface elevation _____	ft.
Minus USDW elevation _____	ft. <i>(Plus if elevation is negative)</i>
Plus USDW factor 100	ft.
=Minimum Fluid Depth _____	ft.

PART I GENERAL INFORMATION									
Name of operator				Telephone number			Permit number		
Name of lease		Well number	County	Township	Range	Section	1/4	1/4	1/4
Type of submission <i>(Check one only.)</i>									
<input type="checkbox"/> First year plugging deferral <input type="checkbox"/> Fluid Level Test for TA'd well									

PART II AFFIRMATIONS	
I (we) affirm under penalty of perjury that the information provided in this form is true to the best of my (our) knowledge and belief.	
Printed name of operator or authorized agent	
Signature of operator or authorized agent	Date signed <i>(month, day, year)</i>
Printed name of person certifying the fluid depth from an Echometer®	
Signature of person certifying the fluid depth from an Echometer®	Date Signed <i>(month, day, year)</i>
Printed name of person certifying the tubing tally	
Signature of person certifying the tubing tally	Date Signed <i>(month, day, year)</i>

PART III	
Section a Fluid Level Test	
Measuring method: <i>(Check one only.)</i>	
<input type="checkbox"/> Echometer® <i>(Attach tape.)</i> <input type="checkbox"/> Wireline/ electronic probe <input type="checkbox"/> Other <i>(Describe)</i> _____	
Important: If the Echometer® box is checked, the person certifying fluid depth must sign above.	
Test result:	
Fluid depth _____ ft. <input type="checkbox"/> Pass (Fluid Depth is > Minimum Fluid Depth) <input type="checkbox"/> Fail (Fluid Depth is < Minimum Fluid Depth)	
Section b Pressure Test	
Test information:	Plug / packer depth verified by: <i>(Check one only.)</i>
Plug / packer depth _____ ft.	<input type="checkbox"/> Inspectors visual tally <input type="checkbox"/> Tubing tally <input type="checkbox"/> Witnessed wireline
Top of upper perms. _____ ft.	
Start pressure _____ psi	
End pressure _____ psi	
Test result:	Important: If the tubing tally box is checked, the person certifying the tally must sign above.
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Inspector:	Date <i>(mm/dd/yyyy)</i> : _____ Did Inspector witness this test? <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL REQUIREMENTS

- The applicant is responsible for notifying the inspector at least forty-eight (48) hours in advance prior to conducting the well demonstration. The inspector is not required to witness each well demonstration.
- If the well fails the fluid level check and you wish to retain or place the well on TA status, you **must**:
 - perform a standard pressure test; or
 - verify at least one time every two (2) years by analysis of a sample of the fluid in the well that the fluid is water that does not pose a threat to an underground source of drinking water.