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ROBERT GHIGLIERI
Administrator

CHECKLIST FOR INJECTION OR FLOW TEST

This form should accompany the completion report for any new well or sundry notice for existing well.

Operator _____

Well Name _____

Field _____ County _____

If under a UIC permit UNEV _____

Duration of Program _____

Source of Injectate _____

Pressures _____

Volumes _____

Containment of fluids (tank, sump, pond) and capacity:

If using a Discharge Permit: No. _____ Attach copy.

Attach a complete step by step program for this procedure.

Operator or Agent Signature _____

Date _____

*NDEP Maximum wellhead pressure (Pm in psi) calculation: $Pm = (0.733 - 0.433 Sg) \text{ depth}$
Sg=specific gravity depth = depth of injection, in feet, measured from the top of the injection intrava*