



Nevada Division of Environmental Protection
Bureau of Water Pollution Control - Underground Injection Control Program
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UIC Form U110 – Mechanical Integrity Test Report

SUBMIT ORIGINAL SIGNED COPY

Operator: Complete All Applicable Blanks – Well Testing will be rejected if information not provided.

FACILITY AND PERMIT INFORMATION						
Well Field/Name/No.:				UIC Permit No.:		
NDOM Well No/Permit: _____				MAX AUTH'D INJECTION PRESS: _____ PSIG		
API number: 27 - _____ - _____						
Operator:			Contact:			
TEST REASON: <input type="checkbox"/> NEW WELL/APPLICATION <input type="checkbox"/> WORKOVER <input type="checkbox"/> PERIODIC (2 ½ OR 5 YEAR)						
WELL CONSTRUCTION						
TOTAL DEPTH:		PBDT:		INJECTION INTERVAL(S):		
TUBING DEPTH:		TUBING SIZE:		SIZE OF CASING BEING TESTED:		
PACKER DEPTH:		PACKER MAKE/MODEL:				
MIT Part 1 – MECHANICAL INTEGRITY PRESSURE TEST (MIPT)						
(PERFORM AT 1000 PSIG FOR A MINIMUM OF 30 MINUTES)						
DATE OF TEST:				TIME OF TEST:		
<input type="checkbox"/> WELL INJECTING DURING TEST		<input type="checkbox"/> WELL SHUT-IN DURING TEST		(NDEP suggests not injecting while testing)		
Before Test	Injecting Tubing Press:		Static Tubing Press:		Annulus Press:	
Amount of Fluid needed to Fill Annulus before start of test (bbls): _____						
1.	Start time:	Tubing Press:	Test Press:	End time:	Tubing Press:	Test Press:
2.	Start time:	Tubing Press:	Test Press:	End time:	Tubing Press:	Test Press:
(Second test line provided for retest, if needed.)						
Internal MIT:		<input type="checkbox"/> Pass <input type="checkbox"/> Failed – Explain below		Rework Scheduled: _____		
MIT Part 2 – External						
DATE OF TEST:				TIME OF TEST:		
Before Test	Injecting Tubing Press:		Static Tubing Press:		Annulus Press:	
Type of Test Run: <input type="checkbox"/> Tracer Survey <input type="checkbox"/> Temp Log (type: _____) <input type="checkbox"/> Other: _____						
Status of well during Ext Testing:					Injection Rate:	
Service Company:			Check Points (depths):			
External MIT: <input type="checkbox"/> Pass <input type="checkbox"/> Failed – Explain & Discuss next actions						
CERTIFICATION						
I certify I witnessed the test(s) shown above, and the test data stated herein are true, correct and complete.						
Operator Representative: Signature _____		Title _____		Date _____		
Govt Rep or Third Party Witness:						
Signature _____		Title _____		<input type="checkbox"/> MIT Part 1 <input type="checkbox"/> MIT Part 2		
Signature _____		Title _____		<input type="checkbox"/> MIT Part 1 <input type="checkbox"/> MIT Part 2		
Explanations/Comments:						

NDEP only [Reviewed and Accepted: Name _____ Date _____ DB log]