



UIC Form U111 – Mechanical Integrity Test Form - Geothermal

SUBMIT ORIGINAL SIGNED COPY WITH MIT SUMMARY/INTERPRETATION REPORT

1. Use this form to document Part 1, Part 2 or both; however both Part 1 & 2 are required for each round of testing.
2. Please use standard geothermal units, e.g. gallons per minute for injection rate
3. 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/email: _____

TEST REASON: NEW WELL WORKOVER PERIODIC (e.g. 5 YEAR) OTHER: _____

WELL CONSTRUCTION (in feet/inches)

TOTAL DEPTH: _____ ACCESSIBLE (LOG) DEPTH: _____ CASING SHOE DEPTH: _____

SIZE OF CASING TESTED: _____ LINER DEPTH: _____ LINER SIZE: _____

INJECTION INTERVAL(S): _____

PART 1 – MECHANICAL INTEGRITY (MI) TEST - INTERNAL

(ALL PRESSURE TESTS WILL BE PERFORMED and RECORDED AT THE NDEP-APPROVED PRESSURE FOR A MINIMUM OF 30 MINUTES)

DATE OF TEST: _____ TIME OF TEST: _____ am or pm

TYPE OF TEST: _____

Well Conditions Before Test: Operating Inject Pressure: _____ Injection Rate: _____ Static WH Press or Water Level: _____

STATUS OF WELL DURING TEST: WELL INJECTING DURING TEST – Rate: _____ (gallons/minute, not barrels)
 WELL SHUT-IN DURING TEST – water level at time of testing: _____ feet below ground surface

If Pressure Test, provide data below. Other tests shall be summarized in final MIT Summary Report

Start time: _____ WH Press: _____ End time: _____ WH Press: _____ Plug or Shoe Depth: _____

Service Company: _____ Check Points (depths): _____

Internal MIT: Pass Failed – Explain below & Discuss next actions Rework Scheduled: _____

PART 2 – MI TEST– EXTERNAL

DATE OF TEST: _____ TIME OF TEST: _____ am or pm

Type of Test Run: _____

Well Conditions Before Test: Operating Inj. Pressure: _____ Injection Rate: _____ Static WH Press or Water Level: _____

Status of well during Ext Testing: _____ Injection Rate: _____

Service Company: _____ Check Points (depths): _____

External MIT: Pass Failed – Explain below & Discuss next actions Rework Scheduled: _____

CERTIFICATION

I certify I witnessed the test(s) shown above, and the test data stated herein are true, accurate and complete.

Operator Representative: Signature _____ Title _____ Date _____

Govt Rep or Third Party Witness:

Signature _____ Title _____ MIT Part 1 MIT Part 2

Signature _____ Title _____ MIT Part 1 MIT Part 2

Explanations/Comments(include additional sheet if needed):

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