**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 usually 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. Due 90 days after test.

### FACILITY AND PERMIT INFORMATION

<table>
<thead>
<tr>
<th>Well Field/Name/No.:</th>
<th>UIC Permit No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDOM Well No/Permit:</td>
<td>API number: 27 -</td>
</tr>
</tbody>
</table>

Operator: Contact/email: 

**TEST REASON:**

- [ ] NEW WELL
- [ ] WORKOVER
- [ ] PERIODIC (e.g. 5 YEAR)
- [ ] OTHER:

### WELL CONSTRUCTION (in feet/inches)

<table>
<thead>
<tr>
<th>TOTAL DEPTH:</th>
<th>ACCESSIBLE (LOG) DEPTH:</th>
<th>CASING SHOE DEPTH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIZE OF CASING TESTED:</td>
<td>LINER DEPTH:</td>
<td>LINER SIZE:</td>
</tr>
</tbody>
</table>

**INJECTION INTERVAL(S):**

MAX AUTHD INJECTION PRESS: __________ PSIG

### PART 1 – MECHANICAL INTEGRITY (MI) TEST - INTERNAL

(ALL PRESSURE TESTS WILL BE PERFORMED and RECORDED at 1000 PSIG OR OTHER 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:** __________

**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:**

**Test Parameters:**

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

**Status of well during Ext Testing:**__________ Injection Rate: __________

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:** __________

**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:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>MIT Part 1</th>
<th>MIT Part 2</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>MIT Part 1</th>
<th>MIT Part 2</th>
</tr>
</thead>
</table>

**Explanations/Comments(include additional sheet if needed):**

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

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**UIC Form U111 – Mechanical Integrity Test Form - Geothermal**

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**Nevada Division of Environmental Protection**

**Bureau of Water Pollution Control - Underground Injection Control Program**

**901 S. Stewart St Ste 4001 Carson City Nevada 89701**

**Ph: 775-687-9418 Fx: 775-687-4684**