



Packer Isolation Test Report

THIS IS AN AUDITABLE DOCUMENT

ADMINISTRATION		A
Well Name:	Well Permit No.:	
Permit Holder:		
Contact Representative :	Email:	
Phone Number:	Cellular:	
Contracting Company:	Contractor Representative:	
Contractor Phone Number:	Contractor Email:	
TEST INFORMATION		B
Test Date:	Pressure Testing Fluid Used:	
Well Type: <input type="checkbox"/> Water Disposal/Injection <input type="checkbox"/> Gas Disposal/Injection <input type="checkbox"/> Gas Production <input type="checkbox"/> Oil Production <input type="checkbox"/> Suspended		
Well Status: <input type="checkbox"/> Shut-in <input type="checkbox"/> Producing/Injecting at a Stable Rate		This Status Has Been Kept For: <input type="checkbox"/> >=12 hrs <input type="checkbox"/> <12hrs
Initial Casing Pressure (kPa):	Initial Tubing Pressure (kPa):	
Fluid Volume Collected When Bleed-off Casing Pres. to 0 kPa(L):	Description of Fluid from the Casing-Tubing Annulus During Bleed-off:	
10 Minute Test at 1400kPa (Please attach the graph of casing pressure vs. time to this report)		
Pumped Fluid Volume (L):	Pressure after Fluid Pumped (kPa):	
Start Time for the Selected 10 Minute Period (yyyy-mm-dd:hh:mm):	Start Pressure (kPa):	
End Time for the Selected 10 Minute Period (hh:mm):	End Pressure (kPa):	
Pressure Change (kPa):	Pressure Change (%):	
24 Hour Buildup Test (Please attach the graph of casing pressure vs. time to this report)		
Fluid Volume Recovered When Bleed-off Casing Pres. to 0 kPa(L):	Description of Fluid during Bleed-off:	
Start Time (yyyy-mm-dd:hh:mm):	End Time (yyyy-mm-dd:hh:mm):	
Pressure Change (kPa):		
10 Minute Test at 7MPa (Please attach the graph of casing pressure vs. time to this report)		
Pumped Fluid Volume (L):	Pressure after Fluid Pumped (kPa):	
Start Time for the Selected 10 Min Period (yyyy-mm-dd:hh:mm):	Start Pressure (kPa):	
End Time for the Selected 10 Minute Period (hh:mm):	End Pressure (kPa):	
Pressure Change (kPa):	Pressure Change (%):	
Other Information		
Can the casing pressure be bled down to a level close to zero kPa?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please provide details in Comments)	
During casing-tubing annulus pressure bleed down/pressure up, did tubing pressure fluctuate?	<input type="checkbox"/> Yes (please provide details in Comments) <input type="checkbox"/> No	
During casing-tubing annulus pressure bleed down, was combustible gas detected?	<input type="checkbox"/> Yes (please provide details in Comments) <input type="checkbox"/> No	
Tubing Hanger seal test/result?	<input type="checkbox"/> Yes/Pass <input type="checkbox"/> Yes/Fail <input type="checkbox"/> No	

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Liquid to surface during the first bleed down?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, was a fluid shot taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fluid Level from Fluid Shot (m):		
Was a liquid used to top up the casing-tubing annulus following the initial casing pressure bleed off, other than the fluid used for conducting the pressure test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of the liquid used to top up the annulus:		
Liquid volume used to top up the annulus before pumping the testing fluid to conduct 10 minute test (L):		
Was liquid from surface casing vent assembly observed during the tests?	<input type="checkbox"/> Yes (please provide details in Comments)	<input type="checkbox"/> No
Description of the liquid from surface casing vent assembly:		
Is there information from SCADA (or equivalent) that would show a successful 24-hr buildup test?	<input type="checkbox"/> Yes (please provide details in Comments & attach a graph)	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Other observations that may show a well integrity issue?	<input type="checkbox"/> Yes (please provide details in Comments)	<input type="checkbox"/> No
Results		C
10 Minute Test:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
24 Hour Test:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Observations that may show possible integrity issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
PIT Result	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail <input type="checkbox"/> Unknown
Comments:		

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