



COMMONWEALTH OF KENTUCKY
 DEPARTMENT FOR NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 300 Sower Blvd.
 Frankfort, KY 40601
<http://oilandgas.ky.gov>
 Phone: (502) 573-0147 Fax: (502) 564-4245
CERTIFICATE OF COMPLETION FOR AN INJECTION WELL

- 1) Permit No, _____ (A copy of well location plat must be attached)
- 2) **Operator (name and address)** _____
- 3) Lease Name _____ Well No. _____
- 4) Carter Coordinate _____ FNL FEL
 FSL _____ FWL Sec. ____ Ltr. ____ No. _____
- 5) County _____ Elevation _____ Total Depth _____
- 6) The casing program for the above identified well is as follows:

Casing Size	New or Used	No. of Sacks Cement	Cement Column-Top to Bottom

7) Injection shall be accomplished through tubing and packer as described below:

Size of Tubing	Type of Packer	Packer Depth

- 8) Was cement bond log run? YES NO If yes, attach one copy.
- 9) Maximum anticipated injection pressure at wellhead _____ psi.
- 10) Maximum anticipated injection volume _____ (bbls.) (cu.ft.) per day.
- 11) The injection zone is known as the (geological name) _____, and this formation occurs in the well from _____ to _____.
- 12) a. The _____ size casing has been cemented to a depth of _____ and the perforated interval is from _____ to _____ with ____ number of perforations.
 b. The injection interval is through an open-hole and porous strata below the injection interval has not been drilled or is plugged back with a column of cement from _____ to _____.
- 13) Describe in detail the monitoring method for the annulus between the injection tubing and the next string of casing. Identify the type of instrument to be used and the time interval between observations by a responsible party. Records of monitoring must be kept on file by the operator and available to the Division of Oil and Gas upon request. (Use additional pages as needed).
- 14) I, the operator of the above identified well, certify that the above information is accurate and correct and that I further certify that I have run the following mechanical integrity test(s) of the installation to insure there are no leaks in the system (Describe each test fully)(Use additional pages as needed) (Test pressure must exceed the maximum anticipated injection pressure listed on line 9 by at least 100 psi).
- Certified by _____ (Operator's signature only)
 Date _____ Name of Signee _____

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Attachment for Question #13

Use this attachment sheet to provide the information for question number 13:

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Attachment for Question #14

Use this attachment sheet to provide the information for question number 14: