



**Packer Leakage Test**  
 OAC 165:10-3-36

Operator				OCC No.
Address				Phone No.
City	State	Zip	FAX No.	
Lease Name/No.				API No.
Location within Sec.	Sec.	Twp.	Rge.	County
Field				

**TEST I**

Shut in date \_\_\_\_\_ Time \_\_\_\_\_

Producing Completion:  Csg.  Tbg. Reservoir \_\_\_\_\_

Well Opened Date	Time	Choke Size	inches
Stabilized shut in pressure (P.S.I.) Before Test	End of Test	Stabilized flowing pressure during test (P.S.I.)	
Time required for stabilized flowing pressure (hrs)		Time required for end of test stabilized shut in pressure (hrs)	

Shut In Completion:  Csg.  Tbg. Reservoir \_\_\_\_\_

Stabilized shut in pressure (P.S.I.) Before Test	End of Test	Shut in pressure during test (P.S.I.) Max.	Min.
Maximum pressure change during test (P.S.I.)	Increase	Time required for end of test stabilized shut in pressure (hrs)	
	Decrease		

**TEST II**

Shut in date \_\_\_\_\_ Time \_\_\_\_\_

Producing Completion:  Csg.  Tbg. Reservoir \_\_\_\_\_

Well Opened Date	Time	Choke Size	inches
Stabilized shut in pressure (P.S.I.) Before Test	End of Test	Stabilized flowing pressure during test (P.S.I.)	
Time required for stabilized flowing pressure (hrs)		Time required for end of test stabilized shut in pressure (hrs)	

Shut In Completion:  Csg.  Tbg. Reservoir \_\_\_\_\_

Stabilized shut in pressure (P.S.I.) Before Test	End of Test	Shut in pressure during test (P.S.I.) Max.	Min.
Maximum pressure change during test (P.S.I.)	Increase	Time required for end of test stabilized shut in pressure (hrs)	
	Decrease		

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name & Title (Typed or Printed) \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 )  
 ) SS:  
 )  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public