



**AFFIDAVIT OF TEST OF CASING IN WELL  
FOR SALT CAVERN WELLS ONLY  
STATE OF LOUISIANA  
OFFICE OF PERMITTING AND COMPLIANCE**

**FORM – CSG-TSC**

DATE WORK DONE:				APPLICATION NUMBER OF APPROVED WORK:			
OPERATOR NAME AND ADDRESS:				OPERATOR CODE:			
				PHONE:			
<b>WELL INFORMATION</b>							
WELL NAME AND NO:				SERIAL NO:			
FIELD:		PARISH:		SEC.	TWP.	RNG.	
<b>WELL CONSTRUCTION INFORMATION</b>							
CASING SIZE	HOLE SIZE	CASING WEIGHT	MAKE	NUMBER OF THREADS/ INCH	GRADE	SEAMLESS	NEW OR 2ND* HAND PIPE
* IF SECOND HAND, WAS PIPE TESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO			DESCRIBE:				
DEPTH CASING SHOE LANDED BELOW DERRICK FLOOR:				FT.	NO. OF SACKS OF CEMENT:		
SIZE OF HOLE:				AMOUNT OF CEMENT LEFT IN PIPE:			
METHOD OF CEMENTING:			CEMENT SET IN		HOURS UNDER	PSIG	
TOTAL DEPTH OF				TOTAL TIME SET		HOURS	
<b>DETAIL OF PRESSURE TEST BEFORE DRILLING PLUG</b>							
DATE OF TEST:			STABILIZED CASING PRESSURE AT START OF TEST				PSIG
CASING PRESSURE AT END OF <b>60 MINUTE</b> TEST				PSIG	PRESSURE DROP OVER TEST PERIOD 5% Maximum Allowable Pressure Loss		PSIG
TEST FLUID: <input type="checkbox"/> WATER <input type="checkbox"/> MUD		WEIGHT:		VISCOSITY:			
REMARKS:							
<b>CERTIFICATION BY OPERATOR</b>							
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (L.R.S. 30:17).							
WITNESS:				OPERATOR REP:			
SIGNATURE:				SIGNATURE:			