



**AFFIDAVIT OF TEST OF CASING IN WELL
STATE OF LOUISIANA
OFFICE OF PERMITTING AND COMPLIANCE**

FORM - CSG. T

Date Work Done:				District Office:			
Operator's Name and Address:					Operator Code:		
					Phone:		
WELL INFORMATION							
Well Name and Number:					Serial No.		
Field:		Parish:			Sec.	Twp.	Rng.
WELL CONSTRUCTION INFORMATION							
Casing Size	Hole Size	Casing Weight	Make	# of Threads per 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			
DETAIL OF PRESSURE TEST BEFORE DRILLING PLUG							
Date of Test:				Gauge pressure of casing _____ psig			
Pressure at end of 30 minutes _____ psig				Pressure drop _____ psig			
Test Fluid: <input type="checkbox"/> Water <input type="checkbox"/> Mud		Weight: _____ Viscosity: _____					
Remarks:							
CERTIFICATION BY OPERATOR							
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:			