



# AFFIDAVIT OF TEST OF CASING IN WELL STATE OF LOUISIANA OFFICE OF CONSERVATION

**FORM - CSG T**

DATE WORK DONE:				DISTRICT OFFICE:			
OPERATOR'S 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:				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:          							
<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:			