

**North Carolina Department of Environment and Natural Resources**  
**Division of Energy, Mineral, and Land Resources**  
**Energy Section - Oil and Gas Program**

Oil & Gas Program Use Only

Date:

Received by:

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**Form**  
**16**

Rev 03/2015

1612 Mail Service Center, Raleigh, NC 27699-1612  
 Phone: (919) 707-9220  
 Fax: (919) 715-8801  
 Email: DEMLRoilandgas@ncdenr.gov

**Mechanical Integrity Test Results**

15A NCAC 05H .1620, .2201

Permittee Name:

Company Name:

Address:

City:

Phone:

Fax:

Email:

State:  Zip:

Check the appropriate boxes under the Permittee column to indicate the attachments submitted with Form 16.

	Permittee	DEMLR-OGP
Pressure Charts	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

API Number:  County:

Lease/Well Name:  Nearest Town/City:

Well Number:  Well Site Ingress/Egress Location:

<p><u>Reason for Pressure Test:</u></p> <p><input type="checkbox"/> Annual Test</p> <p><input type="checkbox"/> Verification of Repairs</p> <p><input type="checkbox"/> Removal of Surface Equipment</p> <p><input type="checkbox"/> Incapable of Production</p> <p><input type="checkbox"/> Other</p>	<p><u>Wellbore Data at Time of Test:</u></p> <p>Depth of Production Zone (feet): <input type="text"/></p> <p>Perforated Interval(s) (feet): <input type="text"/></p>
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API Number:

**Form 16 - Mechanical Integrity Test Results**

Permittee Name:

**Pressure Test Data:**

	<b>Diameter</b> (inches)	<b>Depth</b> (feet)	<b>Initial Pressure</b> (psia)	<b>Pressure at 5 Minutes</b> (psia)	<b>Pressure at 10 Minutes</b> (psia)	<b>Final Pressure</b> (psia)
Intermediate						
Production						
Liner						
Tubing						

Describe test data:

*Attach the Supplemental Comments/Reporting Form for responses that are too large for the embedded comment boxes.  
Include the associated response number and form number with each attachment.*

This form must be signed by the permittee or an authorized agent of the permittee.

Print Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Page