



**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:			
WELL INFORMATION							
WELL NAME AND NO:				SERIAL NO:			
FIELD:		PARISH:		SEC.	TWP.	RNG.	
WELL CONSTRUCTION INFORMATION							
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			
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:			