

**RAILROAD COMMISSION OF TEXAS**  
Oil and Gas Division

**Form H-5**  
11/04/2020

READ INSTRUCTIONS ON BACK

Disposal/Injection Well  
Pressure Test Report

UIC CONTROL NO.

Type \_\_\_\_\_  
FOR RRC USE ONLY

PLEASE TYPE OR PRINT

1. OPERATOR'S NAME				2. RRC OPERATOR NO.				
3. ADDRESS				4. RRC DISTRICT NO.				
				5. COUNTY				
6. FIELD NAME (Exactly as shown on proration schedule)			7. FIELD NO		8. API NO.			
9. LEASE NAME			10a. OIL LEASE NO.		10b. GAS ID NO.		11. WELL NO	
12. REASON FOR TEST <input type="checkbox"/> Initial Test Prior to Injection <input type="checkbox"/> After Workover <input type="checkbox"/> Annual Test Required By Permit <input type="checkbox"/> Five-Year Test Required By Rule <input type="checkbox"/> Other (Specify) _____ _____			13. DATE OF TEST		14. RETEST? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, see Instruction No. 5			
			15. WELL COMPLETION		Size	Depth set	TOC	
			Surface Casing		_____	_____	_____	
			Long String Casing		_____	_____	_____	
Tubing		_____	_____	_____				
16a. PACKER MAKE AND MODEL			16b. DEPTH SET					
17. AUTHORIZED INJECTION PRESSURE (PSIG): _____								
18a. PERMITTED INJECTION INTERVAL Top: _____ Bottom: _____				18b. COMPLETED INJECTION INTERVAL Top: _____ Bottom: _____				
19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]								
TIME	TUBING	CASING	SURFACE CSG	TIME	TUBING	CASING	SURFACE CSG	
Initial	_____	_____	_____	_____	_____	_____	_____	
15 min.	_____	_____	_____	_____	_____	_____	_____	
30 min.	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	
20. CHARACTERISTICS OF INJECTION FLUID [See Instruction 4(e)]				21. CHARACTERISTICS OF ANNULUS FLUID [See Instruction 4(e) and 4(f)]				
_____				_____				
_____				_____				
22. TEST WITNESSED BY RRC? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, see Instruction 4(a) If YES. Name of RRC Representative _____				23. WERE OTHER TESTS/SURVEYS PERFORMED AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES. List:				
24. OPERATOR COMMENTS ON TEST (attach separate sheet if necessary)								
_____								
25. WELL STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Other (Specify): _____								

**CERTIFICATE:**

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated herein are true, correct and complete, to the best of my knowledge.

\_\_\_\_\_  
Signature

Name of Person (Type or print) \_\_\_\_\_ Title \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

# INSTRUCTIONS

## Form H-5: Disposal / Injection Well Pressure Test Report

NOTICE: This form is NOT to be used for underground hydrocarbon storage wells regulated under Statewide Rule 74.

1. **WHO TO NOTIFY** -The appropriate District Office must be notified at least 48 hours prior to any pressure test. Testing shall not commence before the end of the 48-hour period unless authorized by the District Office.
2. **WHEN TO FILE** - File within 30 days after the date of any pressure test.
3. **WHERE TO FILE** - File in duplicate, including any attachments, with the appropriate District Office.
4. **TEST REQUIREMENTS** -
  - (a) A pressure recorder must be used for all tests. The pressure recording chart must be signed by the operator's field representative. The pressure recording chart must be filed with this form for any test not witnessed by a Railroad Commission representative. The maximum range of the pressure recording chart must be such that the casing test pressure falls within 30-70% of full scale. If a circular pressure recording chart is used, the clock on the pressure recorder must not exceed 24 hours.
  - (b) A pressure gauge must be used when taking pressure readings to be entered in Item 19. The maximum range of the pressure gauge must be such that the casing test pressure falls within 30-70% of full scale. The precision of the pressure gauge must be such that the minimum pressure increment is no more than 5% of the test pressure required by instruction 4(c).
  - (c) The casing test pressure must be at least equal to the maximum authorized injection pressure or 500 psig, whichever is less, but no less than 200 psig. For wells equipped for injection through tubing and packer, a pressure differential of at least 200 psig must exist between the tubing-casing annulus pressure and any tubing pressure.
  - (d) The test must be conducted for a period of no less than 30 minutes. A longer test may be required at the discretion of the District Office. For longer tests, pressure readings must be taken at least every 30 minutes. Pressure readings must be entered in Item 19.
  - (e) If any pressure anomaly occurs during the pressure test, list the characteristics (such as temperature and specific gravity) of the injection fluid (Item 20) and the fluid in the annulus (Item 21) necessary to explain the anomaly.
  - (f) If the annulus is not loaded with fluid for the test, explain in Item 21.
5. **RETEST REQUIREMENTS** - If a retest is being performed as a result of a previous test failure, give the date of last unsuccessful test and explain any remedial action that was taken to prepare the well for retest (casing repair, tubing and/or packer replacement, etc.). Explain in Item 24.

REFERENCE: Statewide Rules 9 and 46