**Division of Oil and Gas**
One Natural Resources Way
Springfield, IL 62702-1271
(217) 557-6379

**OG-13 / 23**

**TUBING AND PACKER REPORT**
**MECHANICAL INTEGRITY-PRESSURE TEST**

**Type of Well** □ New well □ Conversion □ Workover

**PERMITTEE:** WELD DRILLING CO.  
**PERMITTEE #:** 877  
**WELL PERMIT #:** 025817  
**REFERENCE #:** 11947 11947

**WELL NAME:** RANKIN X1 S620  
**COUNTY:** WHITE  
**SECTION:** 31  
**TOWNSHIP:** 03N  
**RANGE:** 115

<table>
<thead>
<tr>
<th>GEOLOGIC NAME</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tab Springs</td>
<td>2340</td>
<td>2370</td>
</tr>
</tbody>
</table>

**WELLHEAD CONFIGURED TO CHECK:**

- ANNULUS PRESSURE □ YES □ NO
- INJECTION TUBING PRESSURE □ YES □ NO

1. **Packer**
   - Brand and Type: BAKER AD-1
   - Setting: 2253

If Injection during test, record wellhead injection pressure at time of test ___________ psig

Present wellhead injection pressure ___________ psig

**ANNULUS PRESSURE TEST**

□ PASS □ FAIL

- Time Began: ___________
- Time Ended: ___________
- Length of test: ___________

- Start Pressure: ___________
- Final Pressure: ___________
- Change in Pressure: ___________

**INSPECTOR COMMENTS:**

- 
- 

**OG-13 Inspection Date** 06/19/2008

**OG-23 Inspection Date**

**Manager Signature authorizing test/setting if Inspector not present**

**Inspector Signature**

**Date**