



**CLASS I DISPOSAL WELL  
FORMATION PRESSURE FALL-OFF TEST PLAN**

To: Kansas Department of Health and Environment (KDHE)  Bureau of Water – Geology & Well Technology Section 1000 SW Jackson Street, Suite 420 Topeka, Kansas 66612-1367	UIC Permit(s): _____  Facility: _____  Location: _____
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The formation pressure fall-off test will be conducted on the following described Class I injection well(s) and the results and interpretation submitted in accordance with the KDHE procedure document titled **“Formation Pressure Fall-Off Test and Testing Plan Development Procedures – Procedure #UICI-2** found at <http://kdheks.gov/uic/download/UICI-2.pdf>.

Well Data: (BGL = Below Ground Level)

Well ID	Approximate Depth of Pressure Tool	Previous Test Pressure Tool Depth	Injection Interval	Casing Seat Feet

Injection liquid description: \_\_\_\_\_

Density of injection liquid: \_\_\_\_\_

Approximate distance of shut-in valve to wellhead: \_\_\_\_\_

Scheduled date of Fall-off Test: \_\_\_\_\_

**The depth of the pressure tool should not vary from year to year as to provide comparative test results. Be sure the proposed tool depth listed above is approximately the same depth as the prior test. If the stabilization injection period is interrupted for any reason and for any length of time, the stabilization injection period must be restarted. Any test not shut-in for a sufficient time to develop an infinite acting radial flow period during the fall-off portion of the test shall be rerun using a procedure that will result in valid test results.**

\_\_\_\_\_  
Signature                      Title                      Company                      Date

Facility contact information for this formation pressure fall-off test plan:

\_\_\_\_\_  
E-mail    Telephone Number