

DRAFT Packer Test Record



Records must be kept for the life of the well plus two years.

Well Details				
Licensee: _____	Date of test (yyyy/mm/dd): _____			
Bottomhole location (UWI): _____	Surface location: _____			
Well licence #: _____	Test schedule: <input type="checkbox"/> Once every calendar year <input type="checkbox"/> Once every 3 calendar years			
Pretesting Details <i>(complete this section before the packer test)</i>				
Casing pressure: _____ kPa	Annular bleed-off volume: _____ litres			
Tubing pressure: _____ kPa	Gas/fluid type recovered: _____			
Test case type <i>(refer to Directive XXX, section 2.1.2, for case type definitions)</i>				
<input type="checkbox"/> Case 1 <input type="checkbox"/> Case 2 <input type="checkbox"/> Case 3 <input type="checkbox"/> Case 4 (additional information may be requested)				
Packer Test Measurements <i>(electronic gauges)</i>				
Pressure Build Test Information (Cases 1 and 2) <i>Bleed casing pressure to 0 kPa and shut in the casing. Record the pressure build over a minimum of 24 hours.</i> Annular bleed-off time: _____ minutes Shut-in start date (yyyy/mm/dd): _____ Time: _____ Shut-in end date (yyyy/mm/dd): _____ Time: _____ End pressure: _____ kPa	Pressure Test Information (Cases 2 and 3) <i>Pressure test the casing to the pressure required for that well type (refer to Directive XXX, section 2.1.2) for a minimum of 15 minutes.</i> Annular fill volume: _____ litres Test start time: _____ Test end time: _____ Start pressure: _____ kPa End pressure: _____ kPa Annular recovered volume: _____ litres Overall pressure change: _____ kPa			
Pressure Test Results (Cases 2 and 3) – Record manually if electronic datalogging equipment is not available				
1 Min.	4 Min.	7 Min.	10 Min.	13 Min.
2 Min.	5 Min.	8 Min.	11 Min.	14 Min.
3 Min.	6 Min.	9 Min.	12 Min.	15 Min.
Test Results				
A pass is <ul style="list-style-type: none"> • no more than 50 kPa pressure change during the 15-minute pressure test and • no more than 50 kPa pressure build during the 24-hour pressure build. <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
<i>If the packer failed the test, report the failure through the designated information submission system within 30 days of failure detection, make repairs, and retest the packer within 90 days of failure detection.</i>				
Failed test date (yyyy/mm/dd): _____			Date failure reported to the AER (yyyy/mm/dd): _____	
Repair date (yyyy/mm/dd): _____			Date repair reported to the AER (yyyy/mm/dd): _____	

Licensee Representative: _____ Licensee signature: _____