

Mechanical Integrity Test Form US Environmental Protection Agency – Region 4 Underground Injection Control Program 61 Forsyth Street SW, MC 9T25, Atlanta, Georgia, 30303 Phone: (404)562-9424					Inspection ID	EPA Well ID#: K Y S 0 0 9 N O N E											
						Year-Month-Day: 2 0 2 3 - 0 9 - 1 9											
						EPA Permit # (or RA): N O N E											
						KY 111143											
					Page 1					Of 2							
Inspector(s): Carl Weller (lead), _____ Start Time: 10:37																	
_____ End Time: 11:47																	
Facility Contact Information	Facility Name: Logsdon Valley Oil																
	Street Address: 105 Bedford Court																
	City: Horse Cave County: Heart State: KY. Zip: 42749																
	Nature of Business: Oil Production																
	Facility Owner/Operator: Charles Stinson Phone: 270-786-2663																
	Email: estinson@scrtc.com																
	Facility Contact (if different): Billie Mathewes Phone: 270-670-7264																
	O/O Mailing Address: _____																
City: _____ County: _____ State: _____ Zip: _____																	
Well Data from File	Well Name & #: Billy Joe Caudel UIC#1																
	Well Type (see table): 2-R State Permit: _____																
	Latitude (°N): 37.15977 Longitude (°W): -85.79628 Elevation (ft): 693'																
	Injection Method (check applicable): ☐ Casing Injector; ☒ Tubing & Packer; ☐ Cemented Injection Tubing																
	☐ Other: _____																
	Total Depth (ft): PB-700' Inner Casing Size (in): 4.5" Tubing Size (in): 2 3/8" Packer Depth (ft): 650'																
Inj. Zone: ☒ Open Hole; ☐ Perforated; Top(ft) _____ Bottom(ft): _____ Max. Injection Pressure (psig): _____																	
Field Measurements and Observations	Latitude (°N): 37.15981 Longitude (°W): -85.79629 Elevation (ft): 675'																
	EPA GPS ID: sx8123 Well Status (see table): TA If not Active, Reported Date Last Active: N/A																
	Nature of Injected Fluid(s) if any: Produced																
	General Condition of the Well Site: _____																
	Tubing PSI: 0 Pump PSI: no pump Annulus PSI: test psi Annulus Fluid: H2/o N2																
	Gauge: ☐ Digital/ ☒ Analog; ☐ EPA/ ☒ Operator; Last Calibrated: new Gauge Notes: new in box																
	Test Attempt #: 1 ☐ Casing/ ☐ Tubing/ ☒ Annulus Start Time: 10:55 End Time: 11:25 Duration (min): 30																
	Initial Pressure (psi): 309 Final Pressure (psi): 309 Change (psi): 0 Change (%): 0																
	Test Attempt #: _____ ☐ Casing/ ☐ Tubing/ ☐ Annulus Start Time: _____ End Time: _____ Duration (min): _____																
	Initial Pressure (psi): _____ Final Pressure (psi): _____ Change (psi): _____ Change (%): _____																
See reverse for additional observations, comments and photo log																	
Owner/Operator Representative (Optional)										UIC Inspector							
Name: _____										Name: Carl Weller							
Signature: _____										Signature: CARL WELLER (Affiliate) Digitally signed by CARL WELLER (Affiliate) Date: 2023.09.27 15:37:08 -04'00'							
Version 2018-04-18																	

