CLASS I DISPOSAL WELL
FORMATION PRESSURE FALL-OFF TEST PLAN

To: Kansas Department of Health and Environment (KDHE) Bureau of Water – Geology 1000 SW Jackson Street, Suite 420 Topeka, Kansas 66612-1367	For: Facility: _____ Location: _____

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 #/KDHE Permit #	Approximate Depth of Pressure Tool	Injection Interval BGL	Casing Seat Feet BGL

Describe the injection liquid to be used for the test: _____

_____.

Describe the location where the well will be shut-in for the shut-in part of the 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.

The formation pressure fall off test is scheduled to be conducted on: _____ (date)

_____	_____	_____	_____
Signature	Title	Company	Date

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

_____	_____
E-mail	Telephone Number