



# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2108



FOR OGCC USE ONLY

## MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. For injection wells, test pressures must be at 300 psig or minimum injection pressure, whichever is greater.
5. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
6. Do not use this form if submitting under provisions of Rule 326.a. (1) B. or C.
7. OGCC notification must be provided prior to the test.
8. Packers or bridge plugs, etc., must be set within 250 feet of the perforated interval to be considered a valid test.

### Complete the Attachment Checklist

	OGCC	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

OGCC Operator Number: 10084	Contact Name and Telephone Judy Glinisty
Name of Operator: Pioneer Natural Resources	No: 303-675-2658
Address: 1401 17th St., Suite 1200	Fax:
City: Denver State: CO Zip: 80202	
API Number: 05-071-07244	Field Name: Purgatoire River Field Number: 70830
Well Name: Sherry	Number: 12-16
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW Sec 16 T32S R65W 6 PM	

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL Facility No.: \_\_\_\_\_

### Part I Pressure Test

- ☐ 5-Year UIC Test ☒ Test to Maintain SI/TA Status ☐ Reset Packer  
☐ Verification of Repairs ☐ Tubing/Packer Leak ☐ Casing Leak ☐ Other (Describe): \_\_\_\_\_

Describe Repairs: \_\_\_\_\_

NA - Not Applicable	Wellbore Data at Time Test	Casing Test <input type="checkbox"/> NA Use when perforations or open hole is isolated by bridge plug or cement plug Bridge Plug or Cement Plug Depth Cement Retainer @ 1490
Injection/Producing Zone(s) Vermejo	Perforated Interval: <input type="checkbox"/> NA 1533-1647	Open Hole Interval: <input checked="" type="checkbox"/> NA

Tubing Casing/Annulus Test <input checked="" type="checkbox"/> NA			
Tubing Size: NONE	Tubing Depth: NONE	Top Packer Depth: NONE	Multiple Packers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Test Data					
Test Date 3/14/2013	Well Status During Test Shut-In	Date of Last Approved MIT NA	Casing Pressure Before Test 0	Initial Tubing Pressure NA	Final Tubing Pressure NA
Starting Casing Test Pressure 505	Casing Pressure - 5 Min. 505	Casing Pressure - 10 Min. 500	Final Casing Test Pressure 500	Pressure Loss or Gain During Test 5	

Test Witnessed by State Representative? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OGCC Field Representative:
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### Part II Wellbore Channel Test

Complete only if well is or will be an injection well.  
Indicate method used for cement integrity test, attach appropriate records, charts, or logs unless previously submitted.

<input type="checkbox"/> Tracer Survey Run Date: _____	<input type="checkbox"/> CBL or Equivalent Run Date: _____	<input type="checkbox"/> Temperature Survey Run Date: _____
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: GARY STEVENS

Signed: Gary Stevens Title: LEASE OPERATOR I Date: 3-14-2016

OGCC Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval, if any: