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01522093

State of Colorado



FOR OGCC USE ONLY

21 Rev 3/13

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

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 a at minimum of 300 psig.
4. Injection well tests must be witnessed by an OGCC representative.
5. New injection wells must be tested to maximum requested injection pressure.
6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
8. Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
9. OGCC notification must be provided 10 days prior to the test via Form 42.
10. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

Complete the Attachment Checklist

OGCC Operator Number: 41550
Name of Operator: Tyler Rockies Exploration Ltd.
Address: P.O. Box 119
City: Tyler State: TX Zip: 75710
API Number: 05-005-06089 Field Name: Peoria Field Number: 68350
Well Name: Peoria J-Sand Unit Number: #27
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE Sec. 29, T4S-R60W, 6th P.M.

Table with 3 columns: Attachment, Oper, OGCC. Rows include Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Other Report 1, Other Report 2.

SHUT-IN PRODUCTION WELL INJECTION WELL Facility No.: 150178

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:

Wellbore Data at Time of Test: J-Sand, 6540-6572'
Casing Test: NA
Tubing Casing/Annulus Test: NA
Test Data: 0/6/14, SI, 8/6/2010, Vacuum, Vacuum, 339, 339, 339, 335, -4
OGCC Field Representative: Susan Sherman

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.

Tracer Survey CBL or Equivalent Temperature Survey
Run Date:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Victor Behrens
Signed: Victor Behrens Title: Agent Date: 6-6-14
OGCC Approval: Susan Sherman Title: Field Inspector Date: 6/6/14

Conditions of Approval, if any: