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21
Rev 3/13

State of Colorado Oil and Gas Conservation Commission

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



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. 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: <u>52530</u> | | Contact Name and Telephone <u>Ryan Warner</u> | | Oper | OGCC |
| Name of Operator: <u>McGee Operating Inc</u> | | No: <u>720 233 0875</u> | | Pressure Chart | |
| Address: <u>2707 SCRd II</u> | | Email: | | Cement Bond Log | |
| City: <u>Loveland</u> | State: <u>CO</u> | Zip: <u>80537</u> | | Tracer Survey | |
| API Number: <u>0512106123</u> | | Field Name: <u>Little Beaver</u> | Field Number: <u>50200</u> | Temperature Survey | |
| Well Name: <u>Little Beaver D sand Unit</u> | | Number: <u>65</u> | | Other Report 1 | |
| Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWSE 6-25-56W</u> | | | | Other Report 2 | |

☒ 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: _____

MIT Producing Well

| | | | | | |
|--|--|--|--|--|-----------------------------------|
| NA - Not Applicable | | Wellbore Data at Time of Test | | Casing Test <input checked="" type="checkbox"/> NA | |
| Injection/Producing Zone(s) <u>D sand</u> | Perforated Interval: <input type="checkbox"/> NA | Open Hole Interval: <input checked="" type="checkbox"/> NA | Use when perforations or open hole is isolated by bridge plug or cement plug | | |
| | <u>5244-5273</u> | | Bridge Plug or Cement Plug Depth | | |
| Tubing Casing/Annulus Test | | | | <input type="checkbox"/> NA | |
| Tubing Size: <u>2 7/8</u> | Tubing Depth: <u>5146</u> | Top Packer Depth: <u>5146</u> | Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Test Data | | | | | |
| Test Date <u>7/11/14</u> | Well Status During Test <u>SI</u> | Date of Last Approved MIT | Casing Pressure Before Test <u>0</u> | Initial Tubing Pressure <u>0</u> | Final Tubing Pressure <u>0</u> |
| Starting Casing Test Pressure <u>400</u> | Casing Pressure - 5 Min. <u>400</u> | Casing Pressure - 10 Min. <u>400</u> | Final Casing Pressure <u>400</u> | Pressure Loss or Gain During Test <u>0</u> | |
| Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | OGCC Field Representative (Print Name): <u>Susan Sherman</u> | | |

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 | <input type="checkbox"/> CBL or Equivalent | <input type="checkbox"/> Temperature Survey |
| Run Date: _____ | Run Date: _____ | 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: James M WarnerSigned: James M Warner Title: PresDate: 7-11-14OGCC Approval: Susan Sherman Title: Field InspectorDate: 7/11/14

Conditions of Approval, if any: