

**State of Colorado**  
**Oil and Gas Conservation Commission**

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



Document Number:

400856520

Date Received:

## MECHANICAL INTEGRITY TEST

1. Duration of the pressure test must be a minimum of 15 minutes.
2. An original pressure chart must accompany this report if this test was not witnessed by an OGCC representative. Injection well tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
6. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
7. Do not use this form if submitting under provisions of Rule 326.a(1)B. or C.
8. Written OGCC notification must be provided 10 days prior to the test via Form 42, Field Operations Notice
9. 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

OP OGCC

OGCC Operator Number: 16700						Contact Name		DIANE		PETERSON		Pressure Chart			
Name of Operator: CHEVRON PRODUCTION COMPANY						Phone: (970) 675-3842						Cement Bond Log			
Address: 100 CHEVRON RD												Tracer Survey			
City: RANGELY		State: CO		Zip: 81648		Email: DLPE@CHEVRON.COM						Temperature Survey			
API Number : 05- 103-06340						OGCC Facility ID Number: 229247									
Well/Facility Name: EMERALD						Well/Facility Number: 42						Inspection Number			
Location QtrQtr: NWSE		Section: 36		Township: 2N		Range: 103W		Meridian: 6							

<input type="checkbox"/> SHUT-IN PRODUCTION WELL	<input checked="" type="checkbox"/> INJECTION WELL	Last MIT Date: <u>1/25/2011 12:00:00 AM</u>
<b>Test Type:</b>		
<input type="checkbox"/> Test to Maintain SI/TA status	<input checked="" type="checkbox"/> 5-Year UIC	<input type="checkbox"/> Reset Packer
<input type="checkbox"/> Verification of Repairs	<input type="checkbox"/> Annual UIC TEST	
<input type="checkbox"/> Describe Repairs or Other Well Activities: _____		

<b>Wellbore Data at Time of Test</b>				<p><b>Casing Test</b></p> <p>Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.</p> <p>Bridge Plug or Cement Plug Depth</p> <div style="border: 1px solid black; height: 20px; width: 100px;"></div>
Injection Producing Zone(s)	Perforated Interval	Open Hole Interval		
NAVA	4689-5143			
<b>Tubing Casing/Annulus Test</b>				
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?	
2.875	4595.6	4557	<div style="background-color: #ccccff; width: 20px; height: 15px;"></div>	

Test Data (Use -1 for a vacuum)					
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure	
06-19-2015	INJECTING	0	1,550	1,550	
Casing Pressure Start Test	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Casing Pressure Final Test	Pressure Loss or Gain	
1200	1200	1200	1200	0	

Test Witnessed by State Representative? ☐ OGCC Field Representative Browning, Chuck

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

Signed: \_\_\_\_\_ Print Name: DIANE PETERSON  
Title: PERMITTING SPECIALIST Email: DLPE@CHEVRON.COM Date: \_\_\_\_\_

Based on the information provided herein, this Notice (Form 21) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

The subreport 'subreport2' could not be found at the specified location W:\lectrugh\Mat\Report\COA - Plain.rdd. Please

**General Comments**

<u><b>User Group</b></u>	<u><b>Comment</b></u>	<u><b>Comment Date</b></u>

Total: 0 comment(s)