

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. 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.s. (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 Operator Number: 16700	Contact Name and Telephone Diane L Peterson
Name of Operator: Chevron USA Inc	No: 970-675-3842
Address: 100 Chevron Road	Fax: 970-675-3800
City: Rangely State: CO Zip: 81648	
API Number: 05-103-05811	Field Name: Rangely Weber Sand Unit
Well Name: GRAY B	Field Number: 72370
Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SENE Section 13, T2N, R103W, 6TH P.M.	

	Oper	OGCC
Pressure Chart	✓	
Cement Bond Log		
Tracer Survey		
Temperature Survey		
WELLBORE SCHEMATIC		

SHUT-IN PRODUCTION WELL  INJECTION WELL Facility No.: 150200

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: CEMENT SQUEEZE CASING LEAKS, RUN 5 1/2" LINER FROM SURFACE TO 6324'  
RUN NEW 2 7/8" FIBERLINED TUBING AND PACKER

NA - Not Applicable	Wellbore Data at Time Test	Casing Test <input type="checkbox"/> NA
Injection/Producing Zone(s) Weber Formation	Perforated Interval: <input checked="" type="checkbox"/> NA Open Hole Interval: <input type="checkbox"/> NA 6360-6537	Use when perforations or open hole is isolated by bridge plug or cement plug Bridge Plug or Cement Plug Depth

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: 2 7/8"	Tubing Depth: 6337.3	Top Packer Depth: 6262	Multiple Packers? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Test Data					
Test Date 12/9/15	Well Status During Test SHUT IN	Date of Last Approved MIT 4/11/2011	Casing Pressure Before Test 1205	Initial Tubing Pressure 1205	Final Tubing Pressure 1205
Starting Casing Test Pressure 1205	Casing Pressure - 5 Min. 1205	Casing Pressure - 10 Min. 1205	Final Casing Test Pressure 1205	Pressure Loss or Gain During Test 0	

Test Witnessed by State Representative? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OGCC Field Representative: CHUCK BROWNING
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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: Diane L Peterson Form 42 Doc # 400938302 Field Inspection # 680400 318

Signed: Diane L Peterson Title: Permitting Specialist Date: 12/9/15

OGCC Approval: Chuck Browning Title: Well Insp Date: 12/9/15

Conditions of Approval, if any:



Graphic Controls Inc.  
 (6.375 ARC LINE GRAD.)

DATE \_\_\_\_\_  
 MCI P 0-3000-8

**Chevron USA, Inc**

Well Gray B 8 Date 12/1/15

API# 05-103-05811 Perfs / OH 6360-6537

Packer Depth \_\_\_\_\_ Stop: \_\_\_\_\_

Tubing Pressure Start \_\_\_\_\_ Stop: \_\_\_\_\_

Casing Pressure Start \_\_\_\_\_ Stop: \_\_\_\_\_

Witness: [Signature] - COGCC