

067.07164

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State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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Date Received:
JAN 04 2016

COGCC

Complete the
Attachment Checklist

MECHANICAL INTEGRITY TEST

1. An original pressure chart must accompany this report if this test was not witnessed by a OGCC representative. Injection well tests must be witnessed by the OGCC representative.
2. For production wells, test pressures must be at a minimum of 300 psig.
3. New injection wells must be tested to maximum requested injection pressure.
4. For injection wells, test pressures must be at least 300 psig or average 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 30 days prior to the test via Form 42.
8. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: _____		Contact Name and Telephone: _____		Oper OGCC	
Name of Operator: <u>William Ford</u>		Name: <u>Glean Stevens</u>		Pressure Chart	
Address: _____		No: <u>111-0112</u>		Temperature Survey	
City: _____		State: _____		Inspection Number	
API Number: <u>05-069-07164</u>		OGCC Facility ID Number: _____			
Well/Facility Name: <u>LTS monette</u>		Well/Facility Number: <u>#1</u>			
Location QtrQtr: _____		Section: _____ Township: _____ Range: _____ Meridian: _____			

☒ SHUT-IN PRODUCTION WELL☐ INJECTION WELL

Last MIT Date: _____

Test Type:

☒ Test to Maintain SI/TA status☐ 5-year UIC☐ Reset Packer☐ Verification of Repairs☐ Annual UIC Test

Describe Repairs or Other Well Activities: _____

OVERSIGHT DATA AT TIME OF TEST

Is the well production permitted?	Perforated Interval	Current well status

Casing Test

Use when casing is tested. If the casing is tested, the blue back total depth. Bridge Plug or Cement Plug Depth.

TUBING CASING/ANNULUS TEST

Tubing Size: <u>17/8</u>	Tubing Depth: <u>17/8</u>	Top Packer Depth: <u>17/8</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Data				
Test Date: <u>12-27-15</u>	Well Status During Test	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: <u>17/8</u>	Final Tubing Pressure
Casing Pressure Start Test: <u>345</u>	Casing Pressure - 5 Min.: <u>345</u>	Casing Pressure - 10 Min.: <u>344</u>	Casing Pressure Final Test: <u>344</u>	Pressure Loss or Gain During Test: <u>1</u>
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OGCC Field Representative (Print Name): <u>STEVE Labowski</u>		

INSPECTION NO. # 667700780

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

Print Name: _____

Signed: _____

Title: _____

Date: _____

OGCC Approval: _____

Title: _____

Date: _____

Conditions of Approval, if any: _____