

067.07661

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**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

Document Number:

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Date Received:

JAN 04 2016

**COGCC**Complete the  
Attachment Checklist

Oper OGCC

Pressure Chart		
Cement Bond Log		
Tracer Survey		
Transportation Manifest		
Inspection Number		

**MECHANICAL INTEGRITY TEST**

1. This form is to be used for wells that are a minimum of 21 months old.

2. An original pressure chart must accompany this report if this test was not witnessed by a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.

3. The pressure test well, the pressure must be at a minimum of 300 psi.

4. The test must be conducted at a pressure of 300 psi or 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 10 days prior to the test via Form 42.

8. Packers or bridge plugs, etc., must be set within 100 feet of the test interval.

OGCC Operator Number: \_\_\_\_\_ Contact Name and Telephone: Gloria Stevens

Name of Operator: Will Ford No: 970-747-0192

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

API Number: 01-011-07661 OGCC Facility ID Number: \_\_\_\_\_

Well/Lease Number: 16-1-1-1

Location: \_\_\_\_\_ 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: \_\_\_\_\_

<b>Wellbore Data at Time of Test</b>				<b>Casing Test</b> Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with bridge plug or cement plug.	
				<b>Bridge Plug or Cement Plug Depth</b>	
<b>Tubing Casing/Annulus Test</b>					
Tubing Size:		Tubing Depth:		Top Packer Depth:	
				Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Data</b>					
Test Date	Well Status During Test	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure	
0-346	346	346	346		
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): <u>Steve Laborski</u> <u>Inspection No. # 657100779</u>		

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: \_\_\_\_\_