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# State of Colorado Oil and Gas Conservation Commission



1500 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)-894-2100 Fax: (303)-894-2109

## MECHANICAL INTEGRITY TEST

Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.  
Duration of the pressure test must be a minimum of 15 minutes.

- A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
- For production wells, test pressures must be at minimum of 300 psig.
- New injection wells must be tested to maximum requested injection pressure.
- For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
- A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
- Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
- OGCC notification must be provided 10 days prior to the test via Form 42.
- Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

FOR OGCC USE ONLY

Complete the Attachment Checklist

	Oper	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		
Other Report 1		
Other Report 2		

OGCC Operator Number: 10112 Contact Name and Telephone: \_\_\_\_\_

Name of Operator: \_\_\_\_\_ No: \_\_\_\_\_

Address: P.O. Box 120 New Payne City: \_\_\_\_\_ State: CO Zip: 80742 Email: \_\_\_\_\_

API Number: 0512311628 Field Name: Bird Haven Field Number: \_\_\_\_\_

Well Name: Hill Number: 31-14-7

Location (QtrQtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_

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: \_\_\_\_\_

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s)	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug		
<u>D-SAND</u>	<u>6934-6946</u>		Bridge Plug or Cement Plug Depth		
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size:	Tubing Depth:	Top Packer Depth:	Multiple Packers?		
<u>2.375</u>	<u>6906</u>	<u>6906</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>6-23-16</u>	<u>IS</u>			<u>0</u>	<u>0</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
<u>733</u>	<u>730</u>	<u>729</u>	<u>728</u>	<u>-5</u>	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): <u>Carol Peggler</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.

Tracer Survey  CBL or Equivalent  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: Scotfield

Signed: [Signature] Title: Forkman Date: 6/23/16

OGCC Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval, if any: