



Document Number: _____

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 a OGCC representative. Injection wells tests must be witnessed by an OGCC representative.
3. For production wells, test pressures must be a at minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressurees 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. OGCC notification must be provided 10 days prior to the test via Form 42.
9. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: 10380

Name of Operator: BENCHMARK ENERGY LLC

Address: _____

City: _____ State: _____ Zip: _____

API Number: 075-06315 OGCC Facility ID Number: _____

Well/Facility Name: MOUNT HOPE GREEN

Well/Facility Number: 5 #39

Location QtrQtr: SENE Section: 25 Township: 9N Range: 54W Meridian: 6

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL

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: TEST PERFORMED BY COGCC AS OPERATOR HAS DEFAULTED.

*Handmade sledge valve*Complete the
Attachment Checklist

Pressure Chart		Oper	OGCC
Cement Bond Log			
Tracer Survey			
Temperature Survey			
Inspection Number			

Last MIT Date: 05/10/2010

Wellbore Data at Time of Test

Injection/Producing Zone(s)

DSND

Perforated Interval:

4893-4904

Open Hole Interval:

Casing Test

Use when perforations or open hole is isolated by bridge plug or cement plug; use if cased-hole only with plug back total depth.

Bridge Plug or Cement Plug Depth

4843

Tubing Casing/Annulus Test

Tubing Size:

Tubing Depth:

Top Packer Depth:

Multiple Packers?

☐ Yes ☐ No

Test Data

Well Status During Test

TA

Casing Pressure Before Test

0

Test Date

9-30-16

Casing Pressure Start Test

359

Casing Pressure - 5 Min.

358

Casing Pressure - 10 Min.

357

Casing Pressure Final Test

357

Pressure Loss or Gain During Test

-2

Test Witnessed by State Representative?

☒ Yes ☐ No

OGCC Field Representative (Print Name):

Kym Schure

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: *Greg Johnson*

Title: COGCC

Date: 9-30-16

Conditions of Approval: if any: _____