

Inspection Photos
Location Name: Carlson #1-24
Location ID: 321495



Colorado Oil and Gas Conservation Commission
 39.94667, -105.05854, 1619.1m
 Jun 18, 2020 08:50:10

Photo 1 loc pic

Colorado Oil and Gas Conservation Commission
39.94645, -105.05854

Jun 18, 2020

Name of Operator: Extraction Oil and Gas		Contact Name and Telephone: Philip Antonioni		Oper: OGCC	
Address: 370 17th St.		No: (720) 354-4603		Pressure Chart <input checked="" type="checkbox"/>	
City: Denver	State: Co	Zip: 80202	Email: P.Antonioni@extractionog.com		Cement Bond Log <input type="checkbox"/>
API Number: 05-014-06269		OGCC Facility ID Number: 206774		Tracer Survey <input type="checkbox"/>	
Well/Facility Name: Carlson		Well/Facility Number: #1-24		Temperature Survey <input type="checkbox"/>	
Location: SWSE Section: 24 Township: 1S Range: 69W Meridian: 6PM		Inspection Number			
<input checked="" type="checkbox"/> SHUT-IN PRODUCTION WELL			<input type="checkbox"/> INJECTION WELL		
Last MIT Date:					
<input checked="" type="checkbox"/> Test to Maintain SI/TA status		<input type="checkbox"/> 5-year UIC		<input type="checkbox"/> Reset Packer	
<input type="checkbox"/> Verification of Repairs		<input type="checkbox"/> Annual UIC Test			
Describe Repairs or Other Well Activities: Perform MIT test on casing.					
Wellbore Data at Time of Test			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.		
Injection Producing Zone(s): J-N-CB	Perforated Interval: 8,038' - 8,856'	Open Hole Interval:	Bridge Plug or Cement Plug Depth: 7,997'		
Tubing Log/Annulus Test					
Tubing Size: 3 1/2"	Tubing Depth: 5192'	Top Packer Depth:	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date: 6-17-2020	Well Status During Test: Shut-In	Casing Pressure Before Test: 0	Initial Tubing Pressure: 0	Final Tubing Pressure: 0	
Test Time: 5:15	Casing Pressure - 5 Min: 516	Casing Pressure - 10 Min: 515	Casing Pressure Final Test: 515	Pressure Loss or Gain During Test: 4 PSI LOSS	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): Randy Silver		
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.					
Name: Nathan Scott		Title: Supervisor		Date: 6-17-2020	
Name: [Signature]		Title: Inspector		Date: 6-17-20	

Photo 2 Form 21