

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: _____

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 at a minimum of 300 psig.
4. New injection wells must be tested to maximum requested injection pressure.
5. For injection wells, test pressures 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: _____		Contact Name and Telephone	
Name of Operator: <u>PCR Operating</u>		<u>Gene Wehrer</u>	
Address: _____		No: _____	
City: _____	State: _____	Zip: _____	Email: <u>gwehrer1961@outlook.com</u>
API Number: <u>087-60020</u>		OGCC Facility ID Number: <u>10657</u>	
Well/Facility Name: <u>AJU</u>		Well/Facility Number: <u>W-14</u>	
Location Qtr: _____		Section: _____	Township: _____
Range: _____		Meridian: _____	

Complete the Attachment Checklist

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

☐ SHUT-IN PRODUCTION WELL

☒ INJECTION WELL

Last MIT Date: _____

Test Type:

☐ Test to Maintain SI/TA status
☐ Verification of Repairs

☒ 5-year UIC
☐ Annual UIC Test

☐ Reset Packer

Describe Repairs or Other Well Activities: _____

Wellbore Data at Time of Test

Injection/Producing Zone(s) <u>JSND</u>	Perforated Interval: <u>5528-5564</u> <u>ADP</u>	Open Hole Interval: _____
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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
L1B 5384

Tubing Casing/Annulus Test

Tubing Size: _____	Tubing Depth: _____	Top Packer Depth: _____	Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Test Data

Test Date <u>4-21-21</u>	Well Status During Test <u>SI</u>	Casing Pressure Before Test <u>0</u>	Initial Tubing Pressure _____	Final Tubing Pressure _____
Casing Pressure Start Test <u>360</u>	Casing Pressure - 5 Min. <u>360</u>	Casing Pressure - 10 Min. <u>355</u>	Casing Pressure Final Test <u>355</u>	Pressure Loss or Gain During Test <u>-5</u>

Test Witnessed by State Representative?

☒ Yes ☐ No

OGCC Field Representative (Print Name):

Kyle Sch

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

Print Name: Gene Wehrer

Signed: _____ Title: Pumper

Date: _____

OGCC Approval: _____ Title: COGCC

Date: 4/21/21

Conditions of Approval, if any: _____