

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

MECHANICAL INTEGRITY REPORT



Facility Number	API Number <u>6315-1</u>	Well Name and Number <u>Pelton Trust #1</u>
Field <u>Archer</u>	Location (1/4 1/4, Sec., Twp., Rng.) <u>SE-NE-Sec. 30-12S-44W</u>	
Operator <u>Mull Drilling Co., Inc.</u>		
Operator Address <u>Cheyenne Wells, Colo.</u>	City <u>80810</u>	State _____ Zip Code _____
Operator's Representative at Test <u>Michael Polley</u>	Area Code Phone Number <u>(719) 767-8805</u>	

1. If both Part I and Part II are not completed, the mechanical integrity test cannot be approved and will be returned to the operator.
2. Prior to performing any required pressure test, notice must be given to the Commission.
3. A pressure chart must accompany this report, if the pressure test was not witnessed by a state representative.
4. Facility numbers and API numbers are available at the Commission upon request.

PART I (Choose one of the following options)

- ☐ **1. Pressure test**— (Pressure tests should be a minimum of 15 minutes, at 300 psi or minimum injection pressure whichever is greater. A minimum 300 psi differential pressure must be maintained between tubing and tubing/casing annulus pressures.)

A. Well Data at Time of Test

Tubing Size <u>N/A</u>	Tubing Depth <u>N/A</u>	Top Packer Depth <u>N/A</u>	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth <u>4270</u>	Injection Zone(s), name <u>N/A</u>	Injection Interval (gross) <u>N/A</u>	
Injected Thru <input type="checkbox"/> Perforations <input type="checkbox"/> Open Hole	Test Witnessed by State Rep. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

B. Casing Test Data

Test Date <u>9-24-96</u>	Well Status During Pressure Test <input type="checkbox"/> Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open	Date of Last Approved MIT	
Starting Casing Press. <u>380</u>	Final Casing Press. <u>380</u>	Pressure Loss or Gain During Test <u>-0-</u>	
Initial Tubing Press. <u>N/A</u>	Tubing Press.-5 min <u>N/A</u>	Tubing Press.-10 min <u>N/A</u>	Tubing Press.-15 min <u>N/A</u>

- ☐ **2. Monitoring Tubing - Casing Annulus Pressure**

Procedure must be approved prior to initiation and only after satisfactorily passing an initial pressure test.

Date of Pressure Test	Test Pressure	Date Pressure Test Approved	Monitoring to start (Month, Year)
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- ☐ **3. Alternate Test Approved by Director** (See Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.

PART II (Choose one of the following options) Attach records, charts, logs where appropriate.

- ☐ **1. Cementing Records -** (valid only for injection wells in existence prior to July 1, 1986)

	Casing Size	Hole Size	Depth Set	No. Sacks Cement	Calculated Cement Tops
Surface Casing					
Production Casing					
Stage Tool					

- ☐ **2. Tracer Survey**

Test Date

- ☐ **4. Temperature Survey**

Test Date

- ☐ **3. CBL or equiv.**

Test Date

- ☐ **5. Alternate Test Approved by Director**

(See Rule 327) Attach procedures and logs with report. Procedures subject to review by EPA.

I hereby certify that the statements herein made are true and correct.

Signed

Michael Polley

Title

Foreman

Date

9-24-96

For State Use:

Approved by Ryan Seib
Conditions of approval, if any:

Title

Engr.

Date

9-24-96