

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203: (303) 894-2100 Fax 894-2109



00892693

SE ONLY

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested is a permitted or pending injection well. Send original plus one copy.

1. Duration of the pressure test must be a minimum of 15 minutes.
2. A pressure chart must accompany this report if this test was not witnessed by a OGCC representative.
3. For production wells, test pressures must be at a minimum of 300 psig.
4. For injection wells, test pressures must be at 300 psig or minimum injection pressure whichever is greater.
5. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
6. Do not use this form if submitting under provisions of Rule 326.a. (1) B. or C.
7. OGCC notification must be provided prior to the test.
8. Packers or bridge plugs, etc., must be set within 250 feet of the perforated interval to be considered a valid test.

OGCC Operator Number: 94090

Name of Operator: Walsh Production, Inc.

Address: P. O. Box 30

City: Sterling State: CO Zip: 80751

API Number: 05- 001-05029

Field Name: Noonan Ranch

Field No:

Well Name: Noonan

Number: #1

Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW Sec. 24-T3S-R59W

Contact Name & Phone

Bill Walsh

No: 970-522-1839

Fax: 970-522-2535

Complete the Attachment
Checklist

	Oper	OGCC
Pressure Chart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cement Bond Log	<input type="checkbox"/>	<input type="checkbox"/>
Tracer Survey	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Survey	<input type="checkbox"/>	<input type="checkbox"/>

☒ 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 Test

Injection/Producing Zone(s)

J Sand

Perforated Interval

☐ NA 6197-6243

Open Hole Interval

☐ NA

Casing Test

☐ NAUse when perforations or open hole is
isolated by bridge plug or cement plug

Bridge Plug or Cement Plug Depth

6097'

Tubing Casing/Annulus Test

☒ NA

Tubing Size

Tubing Depth

Top Packer Depth

Multiple Packers

☐ YES☐ NO

Test Data

Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
8-10-99	Shut In	11-21-94			
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
510	510	510	510	0	

Test Witnessed by State Representative

☒ NO☐ YES

OGCC Field Representative:

MITTEST

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: William M. Walsh

Signed:

Title: Vice-President

Date: 8-19-99

OGCC Approval:

Title: Area Engineer

Date: 8-25-99

Conditions of Approval, if any:

Chart attached