

COLORADO OIL AND GAS CONSERVATION COMMISSION - UIC FIELD REPORT

FAC# 188 API# 121 05533 0 INSPECTOR L. Robbins DATE 1/11/91

WELL NAME WEST FORK UNIT 2 TYPE E SITE INSPECTION

FIELD 91128 WESTFORK STATUS SI WITNESS MIT X

OPER 36980 H & R WELL SERVICES, INC

LOCATION NENW 19 3.0S 55.0W 6



00325644

MAX PERMITTED PRESS 1310 PSI DATE LAST INSPECTION 02/08/90 OUTCOME N
 LAST REPORTED PRESS PSI 08/90 DATE LAST MIT 02/08/90
 WELL RESTRICTIONS TEST OR PLUG BY AUGUST 19, 1990
 REMEDIAL ACTION 2/90 PKR UNSEATED
 COMPLETION TYPE TP

TUBING PRESSURE

ZONE JSND

MIT INJECTING PSI

MIT X NOT INJECTING 0 PSI

TUBING-CASING ANNULUS 0 PSI

BRAIDENHEAD - PSI

P E R F S

TOP 4927
 BOT 4939

MECHANICAL INTEGRITY TEST

0 MIN. 355 PSI

5 MIN. 355 PSI

10 MIN. 355 PSI

15 MIN. 355 PSI

MIT
 PACKER
 DEPTH

PRESS CHANGE 0 PSI

CHART USED - YES NO X

ACCEPTABLE X NOT ACCEPTABLE

REMARKS: Backside was dead
prior to test. Pressured
backside to 355psi for test
No loss of pressure after
15 minutes. Passed test. J. Robbins

CASING
 SIZE 9 5/8
 DEPTH 60

SIZE 5 1/2
 DEPTH 4972

SIZE /
 DEPTH

SIZE /
 DEPTH

PACKER 4875

LINER
 TOP
 SIZE /
 DEPTH

PBTD 4953
 MD 4972

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
Department of Natural Resources

MECHANICAL INTEGRITY REPORT

Facility Number 188	API Number 05-121-05533-0	Well Name and Number W.F.V. #2
Field West Fork	Location (1/4 Sec., Twp., Rng.) NE NW Sec 19 - 35 - 55W	
Operator H+K Well Services, Inc		
Operator Address 17509 Ro 14	City FT. Morgan, Colo	State CO Zip Code 80701
Operator's Representative at Test DAVE Rebol		Area Code Phone Number (303) 867-2730

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. Notice must be given to the Commission prior to performing any required pressure test.
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 2 3/8	Tubing Depth 4875	Top Packer Depth 4875	Multiple Packers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bridge Plug Depth NA	Injection Zone(s), name J	Injection Interval (gross) 4927 to 4939	
Injected Thru <input checked="" type="checkbox"/> Perforations <input type="checkbox"/> Open Hole	Test Witnessed by State Rep. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

B. Test Data

Test Date 1/11/91	Date of Last Approved Mechanical Integrity Test		
Starting Test Pressure 355	Final Test Pressure 355	Pressure Loss or Gain During Test 0	
Tubing Pressure During Test 0		Well Status During Pressure Test <input type="checkbox"/> Injecting <input checked="" type="checkbox"/> Shut-in <input type="checkbox"/> Open	

- ☐ 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)
-----------------------	---------------	-----------------------------	-----------------------------------

- ☐ 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) 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. Sks Cement	Calculated Cement Tops
Surface Casing	9 5/8	12 1/4	60'	70	SURF
Production Casing	5 1/2	7 3/8	4972	100	4354
Stage Tool					

- | | | | |
|---|-----------|---|-----------|
| <input type="checkbox"/> 2. Tracer Survey | Test Date | <input type="checkbox"/> 4. Temperature Survey | Test Date |
| <input type="checkbox"/> 3. CBL or equivalent | Test Date | <input type="checkbox"/> 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

Title

Date

For State Use:

Approved by

Title

Date

Conditions of approval, if any:

DR. PETROLEUM ENGINEER
O & G Cons. Comm

JAN 15 1991