



00325664

STATE OF COLORADO
Oil & Gas Conservation Commission

RECEIVED

FEB 3 1986

Well Integrity Report

Disposal Well

Enhanced Recovery Well

Other STATE OF COLORADO OIL & GAS CONSERVATION COMMISSION

Farm or Lease Name Westfork Well No. 2
Field Westfork

NE 1/4 NW 1/4 Section 19 Township 3S Range 55W

Operator Berry Energy, Inc.

Address of Operator 1019 8th Street, Suite 301, Golden, CO 80401

Operator's Rep. at Test V. J. Price

Phone No. 386-2351 Address Box 224, Woodrow, CO 80757

BOTH PART I AND PART II NEED TO BE COMPLETED BEFORE WELL INTEGRITY REPORT IS SUBMITTED.

Part I Choose one of the following: (Attach pertinent charts and documentation)

[1] Tubing - Casing Annulus Pressure Test

Test Date 8/7/85

yes no

Prior notice given to Commission of test
Commission representative at test

No Test run after January 1, 1984 will be accepted without prior notification of the Commission.
A pressure chart is required for any test not witnessed by a state representative.

Test Data:

Test Pressure 325 315 psi
Tubing Pressure during Test 0 (VAC) psi Status: Injecting Shut-In
Pressure drop or gain during Test -5 psi
Packer depth 4875 ft.
Injection Interval 4927 ft. to 4939 ft.

Pressure Test should be a minimum of 15 minutes at 300 psi or minimum injection pressure, whichever is greater.

[2] Monitoring Tubing-Casing Annulus Pressure (Must have positive pressure and be reported monthly on Form 14 for 60 consecutive months)

Date of initial pressure test _____

Test Pressure _____ psi

[3] Alternate Test Approved by Director

Date Approved _____ Test Date _____

Part II Choose one of the following: (Attach pertinent charts and records)

1. Cementing Records
size

	size	depth	no. sks cement	calculated cement tops
Surface casing	<u>9 5/8"</u>	<u>60'</u>	<u>75</u>	<u>Surface</u>
Production casing	<u>5 1/2"</u>	<u>4972'</u>	<u>100</u>	<u>4354</u>

Used 12 1/4" for surface & 7 7/8" for long string JK

- 2. Tracer Survey Test Date _____
- 3. Sonic Logs (CBL, etc.) Test Date _____
- 4. Temperature Survey Test Date _____
- 5. Alternate Test Approved by Director Date Approved _____ Test Date _____

I hereby certify that the results of these test are true and correct.

Signed Gary F. Chavez Title President Date 1/31/86

FOR STATE OFFICE USE

Approved by: William Smith Title DIRECTOR O & G Cons. Comm. Date FEB 11 1986

Conditions of Approval, if Any: