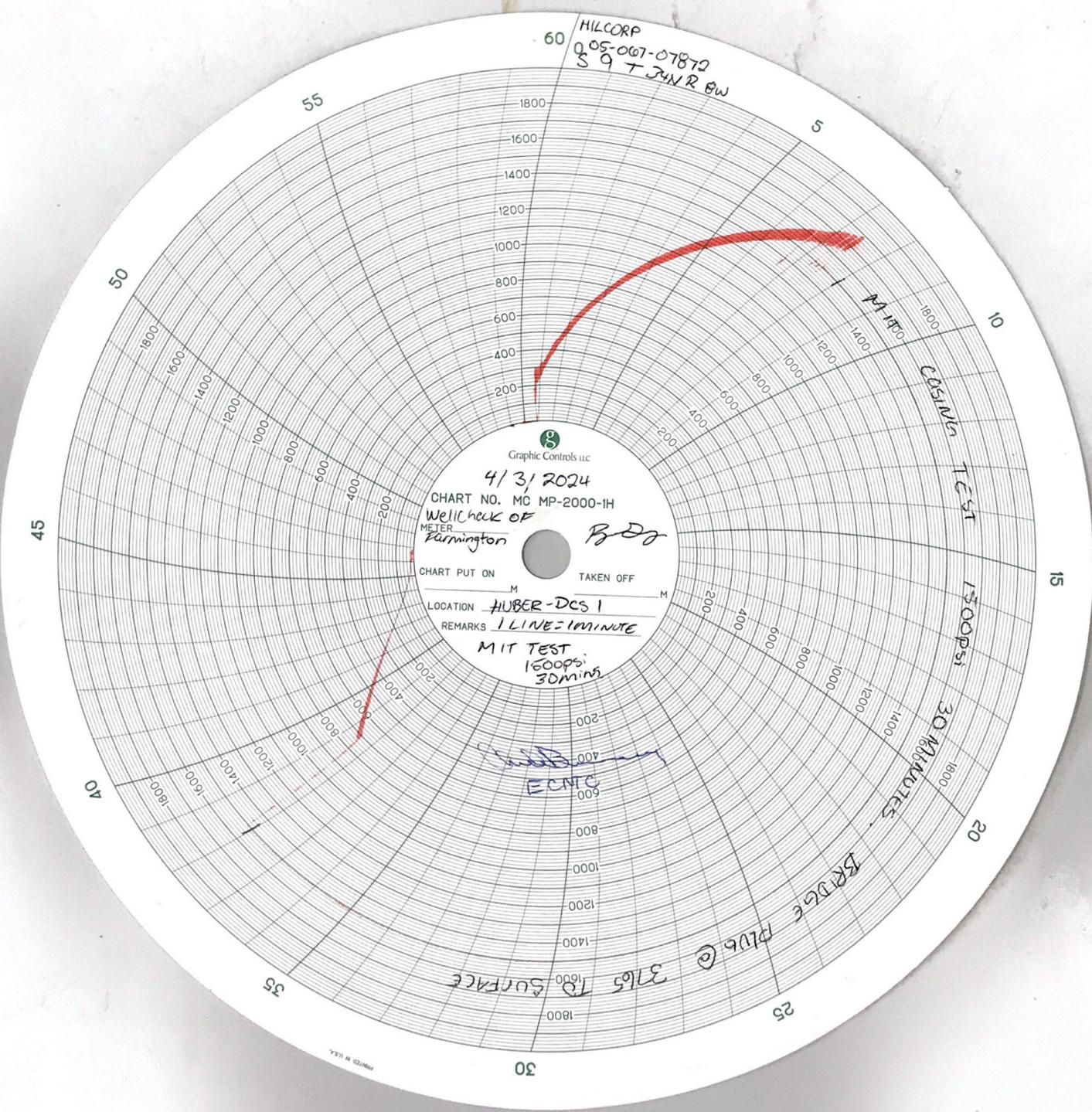


HILCORP  
005-007-07872  
S 9 T 24 N R 0 W



Graphic Controls Inc

4/3/2024

CHART NO. MC MP-2000-1H

Wellcheck of

METER Karrington

B.D.J.

CHART PUT ON

TAKEN OFF

LOCATION HUBER-DCS 1

REMARKS 1 LINE = 1 MINUTE

MIT TEST  
1500psi  
30 MINUTE

ECMC

BRIDGE PLUG @ 3765 TO SURFACE

Click here to reset the form

FORM 21 Rev 9/14

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.
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.

Complete the Attachment Checklist

OGCC Operator Number:
Name of Operator: HALCOOP ENERGY
Address: 352 Rd 3100
City: Aztec State: NM Zip: 87410
Contact Name and Telephone: Jamie Huffman
NO: 505 320 8129
Email: jhuffman@halcoop.com
API Number: 0506707935 OGCC Facility ID Number:
Well/Facility Name: HUBB-DCS Well/Facility Number: #1
Location QtrQtr: Section: 9 Township: 34N Range: 8W Meridian:

Attachment Checklist table with columns for Oper and OGCC, rows for Pressure Chart, Cement Bond Log, Tracer Survey, Temperature Survey, Inspection Number.

SHUT-IN PRODUCTION WELL or INJECTION WELL
Test Type:
Test to Maintain SI/TA status
Verification of Repairs
5-year UIC
Annual UIC Test
Reset Packer

Last MIT Date: 4/10/19

Describe Repairs or Other Well Activities:

Wellbore Data at Time of Test
Injection/Producing Zone(s): Point Lookout
Perforated Interval: 4884 to 4988
Open Hole Interval:
Casing Test
Tubing Casing/Annulus Test
Tubing Size: 3 1/2 Tubing Depth: 4765 Top Packer Depth: 4765
Test Data table with columns for Test Date, Well Status, Casing Pressure, Initial/Final Tubing Pressure, Casing Pressure Start, Casing Pressure - 5/10 Min, Casing Pressure Final, Pressure Loss or Gain.

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

Print Name: LGN FORDEN
Signed: [Signature] Title: SWD LEAD Date: 4/3/24
OGCC Approval: [Signature] Title: Compliance Spec Date: 4/3/24
Conditions of Approval, if any:

FORM  
17  
Rev. 8/09

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

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.  
Step 2. Sample now, if intermediate or surface casing pressure >25 psi. In sensitive areas, 1 psi.  
Step 3. Conduct Bradenhead test.  
Step 4. Conduct Intermediate casing test.  
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number:	3. BLM Lease No:	11. Date of Test:
2. Name of Operator: <u>Hilcorp Energy</u>	5. Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In
4. API Number: <u>0506702935</u>	6. Well Name: <u>Hubei - PLS</u> Number: <u>#1</u>	<input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Injection
7. Location (Qtr/Sec, Twp, Rng, Meridian): <u>9 - 34N - 2W</u>	8. County: <u>La Plata</u>	<input type="checkbox"/> Clock/Intermittent
9. Field Name:	10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	<input type="checkbox"/> Plunger Lift
14. STEP 1: EXISTING PRESSURES		13. Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?

Record all pressures as found	Tubing: Fm: <u>1163</u>	Tubing: Fm: <u>N/A</u>	Prod. Casing: Fm: <u>0</u>	Intermediate Csg: Fm: <u>N/A</u>	Surface Casing: Fm: <u>0</u>	15. STEP 2: See instructions above.
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16. STEP 3: BRADENHEAD TEST							
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min/Sec)	Fm: <u>1163</u> Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Bradenhead Flow
<p>With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals. Define characteristics of flow in "Bradenhead Flow" column using letter designations below:            O = No Flow; C = Continuous; D = Down to 0; V = Vapor            H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p> <p>BRADENHEAD SAMPLE TAKEN?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh  <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black  <input type="checkbox"/> Other: (describe) _____</p> <p>Sample cylinder number: _____</p>		00:	<u>1163</u>		<u>0</u>		<u>0</u>
		05:	<u>1163</u>		<u>0</u>		<u>0</u>
		10:	<u>1163</u>		<u>0</u>		<u>0</u>
		15:	<u>1163</u>		<u>0</u>		<u>0</u>
		20:					
		25:					
		30:					
Note instantaneous Bradenhead PSIG at end of test: > <u>0</u>							

17. STEP 4: INTERMEDIATE CASING TEST							
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elapsed Time (Min/Sec)	Fm: _____ Tubing	Fm: _____ Tubing	Production Casing PSIG	Intermediate Casing PSIG	Intermediate Flow
<p>With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Characterize flow in "Intermediate Flow" column using letter designations below:            O = No Flow; C = Continuous; D = Down to 0; V = Vapor            H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas</p> <p>INTERMEDIATE SAMPLE TAKEN?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p>Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh  <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black  <input type="checkbox"/> Other: (describe) _____</p> <p>Sample cylinder number: _____</p>		00:					
		05:					
		10:					
		15:					
		20:					
		25:					
		30:					
Note instantaneous Intermediate Casing PSIG at end of test: >							

18. Comments: BA had 0 PSI. Nothing when opened.

19. STEP 5: See instructions above.

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

Test Performed by: GEN Gordon Title: SWP Lead Phone: 505 520 5824

Signed: [Signature] Title: \_\_\_\_\_ Date: 4/9/24

WITNESSED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_