

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

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 328.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.

Complete the Attachment Checklist

	OGC	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

OGCC Operator Number: <u>10084</u>	Contact Name and Telephone: <u>Sudy Glinisty</u>
Name of Operator: <u>Pioneer Natural Resources</u>	No: <u>303 625 2158</u>
Address: <u>1401 17th Street Suite 1200</u>	Fax: <u>303 294 1275</u>
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	
API Number: <u>0507108939</u> Field Name: <u>PURGATORIAE RIVER</u> Field Number: <u>70830</u>	
Well Name: <u>MINOTAUR</u> Number: <u>3336</u>	
Location (Qtr, Sec, Twp, Rng, Meridian): <u>NW/SE SEC 36-T31S-R67W</u>	

☐ 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		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s): <u>VRMT</u>	Perforated Interval: <input type="checkbox"/> NA <u>2757 - 3032</u>	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug Bridge Plug or Cement Plug Depth: <u>CIBP 2700'</u>		
Tubing Casing/Annulus Test <input type="checkbox"/> NA					
Tubing Size: <u>NONE</u>	Tubing Depth: <u>NONE</u>	Top Packer Depth: <u>NONE</u>	Multiple Packers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Test Data					
Test Date: <u>8/3/11</u>	Well Status During Test: <u>St</u>	Date of Last Approved MIT: _____	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: _____	Final Tubing Pressure: _____
Starting Casing Test Pressure: <u>550 PSI</u>	Casing Pressure - 5 Min.: <u>550 PSI</u>	Casing Pressure - 10 Min.: <u>550 PSI</u>	Final Casing Test Pressure: <u>560 PSI</u>	Pressure Loss or Gain During Test: <u>0</u>	
Test Witnessed by State Representative? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			OGCC Field Representative: _____		

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 Run Date: _____ ☐ CBL or Equivalent Run Date: _____ ☐ Temperature Survey Run Date: _____

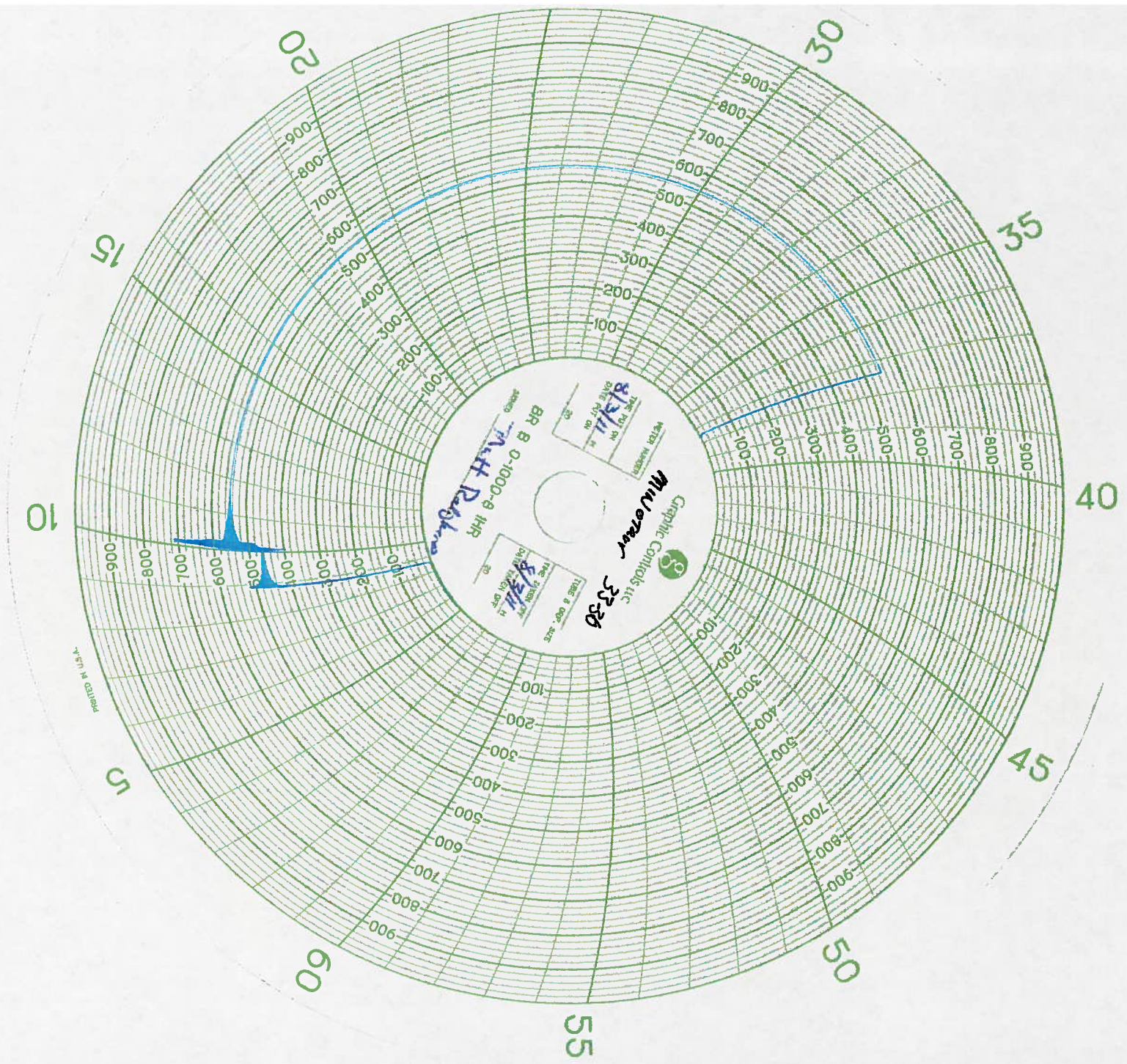
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Vince Santistevan

Signed: [Signature] Title: Production Foreman Date: 8/4/11

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: _____



100% RH