

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2108



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

OGCC Operator Number: <u>10084</u>		Contact Name and Telephone	
Name of Operator: <u>Pioneer Natural Resources</u>		<u>Sandy Glinisty</u>	
Address: <u>1401 17th Street Suite 1200</u>		No: <u>303 625 2658</u>	
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>		Fax: <u>303 294 1275</u>	
API Number: <u>05-071-0804</u> Field Name: <u>PURGATOIRE RIVER</u> Field Number: <u>70830</u>			
Well Name: <u>Cucumber</u> Number: <u>43-5R</u>			
Location (Qtr, Sec, Twp, Rng, Meridian): <u>NESE Sec 05-T22S-R167W</u>			

	OGCC
Pressure Chart	
Cement Bond Log	
Tracer Survey	
Temperature Survey	

☐ 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)		Perforated Interval: <input type="checkbox"/> NA		Use when perforations or open hole is isolated by bridge plug or cement plug	
<u>AT-VT</u>		<u>2220 - 3485</u>		Bridge and Plug Depth	
				<u>RBP 2740'</u>	
Tubing Casing/Annulus Test <input checked="" type="checkbox"/> NA					
Tubing Size	Tubing Depth	Top Packer Depth	Multiple Packers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>			
Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>3/31/11</u>	<u>PR</u>	<u>---</u>	<u>ORSE</u>	<u>---</u>	<u>---</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
<u>400 PSI</u>	<u>400 PSI</u>	<u>400 PSI</u>	<u>410 PSI</u>	<u>0</u>	
Test Witnessed by State Representative?			OGCC Field Representative:		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

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: Vinco Santistevan

Signed: [Signature] Title: Production Foreman Date: 3/31/11

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: _____

