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State of Colorado Oil and Gas Conservation Commission

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SEP 09 2011

COGCC/Rifle Office

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 326.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>100125</u>		Contact Name and Telephone	
Name of Operator: <u>Encana Oil & Gas</u>		<u>Ruthann Morris</u>	
Address: <u>370 17th St., Ste 1700</u>		No: <u>303-623-2300</u>	
City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>		Fax: <u>303-623-2400</u>	
API Number: <u>05-077-09239</u> Field Name: <u>Grand Valley</u>		Field Number: <u>31290</u>	
Well Name: <u>Knox</u> Number: <u>14-9</u>			
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NWSE 14, 85, 96W 6PM</u>			

	Oper	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 checked="" type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA	Use when perforations or open hole is isolated by bridge plug or cement plug
<u>WMFK</u>			Bridge Plug or Cement Plug Depth
			<u>CRP 4380</u>

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: <u>2 3/8</u>	Tubing Depth: <u>N/A</u>	Top Packer Depth: <u>11133</u>	Multiple Packers? <input type="checkbox"/> YES <input type="checkbox"/> NO

Test Data					
Test Date: <u>9/9/11</u>	Well Status During Test: <u>SI</u>	Date of Last Approved MIT: <u>N/A</u>	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: <u>0</u>	Final Tubing Pressure: <u>0</u>
Starting Casing Test Pressure: <u>593</u>	Casing Pressure - 5 Min: <u>592</u>	Casing Pressure - 10 Min: <u>591</u>	Final Casing Test Pressure: <u>591</u>	Pressure Loss or Gain During Test: <u>-2</u>	

Test Witnessed by State Representative?	OGCC Field Representative:
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>Chuck Browning</u>

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.

<input type="checkbox"/> Tracer Survey	<input type="checkbox"/> CBL or Equivalent	<input type="checkbox"/> Temperature Survey
Run Date: _____	Run Date: _____	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: Kirby BurdettSigned: Kirby BurdettTitle: Completion SupervisorDate: 9/9/11OGCC Approval: Chuck BrowningTitle: NW InspDate: 9/9/11

Conditions of Approval, if any: