



State of Colorado  
Oil and Gas Conservation Commission



FOR OGCC USE ONLY

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested to 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 32a (1) E. or C.
7. OGCC notification must be provided prior to the test.
8. Plugs or bridge plugs, etc., must be set within 250 feet of the perforated interval to be considered a valid test.

Complete the  
Attachment Checklist

	9/27/02	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

OGCC Operator Number: 10084  
Name of Operator: Pioneer Natural Resources  
Address: 1401 17th Street, Suite 1200  
City: Denver State: CO Zip: 80202

Contact Name and Telephone  
Judy Glinitsky  
No: (303) 875-2658  
Fax: (303) 264-1251

API Number: 05-071-08985 Field Name: PURSATORRE AREA Field Number: 70830  
Well Name: SOKAR 08555EWT Number: 23-30  
Location (City, Sec. Twp, Rng, Meridian): NE1/4 Sec 30-T33S-R67W

☒ SHUT-IN PRODUCTION WELL ☐ INJECTION WELL Facility No.: \_\_\_\_\_  
Part I Pressure Test

- ☐ 5-Year UIC Test ☒ Test to Maintain SIFTA 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 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 2565 ft 2180	
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	
none none none					
Test Date					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
3/15/12	ST				
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test	
0	500 PSI	500 PSI	500 PSI @ 15 MIN	0	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> YES <input 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 ☐ CBL or Equivalent ☐ 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: JESSIE K. DEHART

Signed: [Signature]

OGCC Approver: \_\_\_\_\_ Title: Production Team Date: 3/15/12

Conditions of Approval, if any: \_\_\_\_\_



