

FORM 21 MIT MECHANICAL INTEGRITY TEST (02/19/2013)

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 a COGCC representative did not witness the test. 3. For production wells, test pressure 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 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. COGCC 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.		COGCC Representative: <b>BROWNING, CHUCK</b> <hr/> Receive Date: 02/19/2013 <hr/> Document #: 1171445 <hr/> Status: APPROVED <hr/> Project Number:
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<b>Operator Information</b> Operator Number: 16700 C Name & Address: CHEVRON PRODUCTION COMPANY 100 CHEVRON RD RANGELY, CO 81648	<b>Contact Name and Telephone</b> Name: DIANE PETERSON Phone Number: (970)675-3842 Fax Number: (970)675-3800 Email:	Facility_id 150200
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<b>Location Information:</b>	
API Number: 5 - 103 - 06306 - 00	Facility ID: 150200
Field Name: RANGELY Field Code: 72370 Well Name-Number: WEYRAUCH - 2-36	
QTRQTR: NWNE	SEC: 36
TWP: 2N	RNG: 102W
Meridian: 6	

Test Type : **VERIFICATION OF REPAIRS**

Repair Type (if Test Type is verification of repair) : **TUBING/PACKER LEAK**

Describe Repairs : **REPLACE TUBING & PACKER** Injection/Producing Zone(s) : **WEBR** Perforated Interval : **NA**

Open Hole Interval : **6038-6486** Bridge Plug or Cement Plug Depth : \_\_\_\_\_ Tubing Size : **2.875** Tubing Depth : **6007** Top

Packer Depth : **5896**

Multiple Packers? : **Y** MIT Test Date : **02/15/2013** Well Status During Test : **SI** Date of Last Approved MIT : **04/14/2010**

Casing Pressure Before Test : **0** Initial Tubing Pressure : **0** Final Tubing Pressure : **0** Starting Casing Test Pressure : **1220**

Pressure Loss - 5 Min. : **1220** Casing Pressure - 10 Min. : **1200** Final Casing Test Pressure : **1220**

Pressure Loss or Gain During Test : **0** Test Witnessed by State Representative? : **Y**

OGCC Field Representative : **BROWNING, CHUCK** Tracer Survey : \_\_\_\_\_ Run Date (Tracer Survey) : \_\_\_\_\_ CBL or Equivalent : \_\_\_\_\_

Run Date (CBL or Equivalent) : \_\_\_\_\_ Temperature Survey : \_\_\_\_\_ Run Date (Temperature Survey) : \_\_\_\_\_

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Submitted by: DIANE PETERSON	Submitted Title: DIANE PETERSON	Date Submitted: 02/15/2013	Submit Signed: Yes
Approved by: BROWNING, CHUCK	Approved Title: NW INSPECTOR	Approval Date: 02/19/2013	Approval Signed: Yes

**COGCC Comments/Remarks for this form**

  
  

**COGCC Conditions of Approval**

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Status: APPROVED