

State of Colorado  
Oil and Gas Conservation Commission

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



MECHANICAL INTEGRITY TEST

Fill out Part II of this form if well tested in 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 the test was not witnessed by a OGGC representative.
3. For production wells, test pressures must be at a minimum of 500 psig.
4. For injection wells, test pressures must be at 200 psig or minimum injection pressure, whichever is greater.
5. A minimum 400 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
6. Do not use this form if substituting under provisions of Rule 500A, (1) B. or C.
7. OGGC notification must be provided prior to the test.
8. Packers or bridge plugs, etc., must be set within 200 feet of the perforated interval to be considered a well test.

Complete the Attachment Checklist

	Yes	OGGC
Pressure Chart		
Energy Head Log		
Time Stamp		
Temperature Stamp		

OGGC Operator Number: 100841 Contact Name and Telephone: Stacy Glinisty

Name of Operator: Pinger Natural Resources No: 2036752050

Address: 1401 17th Street Suite 800 City: Denver State: CO Zip: 80202 Fax: 3032941935

API Number: 05-071-00299 Field Name: PURCATHONE RIVER Well Number: 70830

Well Name: Switzer Number: 42-3

Location (Coord. Sec. Twp. Rng. Meridian): SE 1/4 3 32S 103W

- SHUT-IN PRODUCTION WELL  INJECTION WELL Facility No.: \_\_\_\_\_
- Part I Pressure Test
- 5-Year UIC Test  Test to Maintain SIL/TA Status  Reset Packer
- Verification of Repairs  Tubing/Packer Leak  Casing Leak  Other (describe): \_\_\_\_\_
- Describe Repairs: \_\_\_\_\_

NA - Not Applicable	Wellbore Data at Time of Test	Casing Test
Injection/Producing Zone(s)	Perforated Interval: <input type="checkbox"/> NA <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
<u>AT-VT RATORY/VEHETO</u>	<u>2633 - 3029</u>	<u>Remant Retainer 2600'</u>

Tubing Casing/Annulus Test		
Tubing Size: <u>Ø</u>	Tubing Depth: <u>Ø</u>	Multiple Packers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Top Packer Depth: <u>—</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>2/25/14</u>	<u>ST</u>	<u>N/A</u>	<u>Ø</u>	<u>Ø</u>	<u>Ø</u>
Stuffing Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loop or Gain During Test	
<u>1047 psi</u>	<u>1047 psi</u>	<u>1047 psi</u>	<u>1047 psi</u>	<u>Ø</u>	
Test Witnessed by State Representative? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
OGGC Field Representative: _____					

Part II Wellbore Channel Test Complete only if well in 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: \_\_\_\_\_

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

Print Name: MALE SANTISTAVAN

Signature: [Signature] Title: Production Foreman Date: 3/10/14

OGGC Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions of Approval, if any: