

From: **timcrumley** tcumley@comcast.net
Subject: Fwd: MIT forms
Date: March 31, 2014 at 6:49 AM
To:



01522085

Click here to reset the form



State of Colorado
Oil and Gas Conservation Commission



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

MECHANICAL INTEGRITY TEST

- All 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 the test was not witnessed by a OGCC representative.
 3. For production wells, test pressures must be at a minimum of 350 psig.
 4. Injection well tests must be witnessed by an OGCC representative.
 5. New injection wells must be tested to maximum requested injection pressure.
 6. For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
 7. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
 8. Do not use this form if submitting under provisions of Rule 4/6 s (1) B or C.
 9. OGCC notification must be provided 10 days prior to the test via Form 42.
 10. Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

FOR OGCC USE ONLY

Complete the
Attachment Checklist

OGCC Operator Number: 95620 Contact Name and Telephone: D. Scott Stapp
Name of Operator: Western Operating Company No: (303) 693-2432
Address: 518 17th Street, Suite 200 Email: scott@westernoperating.com
City: Denver State: CO Zip: 80202
API Number: 05-121-06581 Field Name: Bobcat Field Number: 7045
Well Name: Bobcat O Sand Unit Number: 19
Location (Qtr/Sec, Twp, Rng, Meridian): NESW Sec. 9-1S-56W

| | | |
|--------------------|--|--|
| Pressure Chart | | |
| Cement Bond Log | | |
| Tracer Survey | | |
| Temperature Survey | | |
| Other Report 1 | | |
| Other Report 2 | | |

☒ **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 of Test | | Casing Test <input type="checkbox"/> NA | |
| Injection/Producing Zone(s): D Sand | | 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: 5000 | |
| 5131-5166 | | | | | |
| Tubing Casing/Annulus Test <input type="checkbox"/> NA | | | | | |
| Tubing Size: | | Tubing Depth: | | Top Packer Depth: | |
| | | | | Multiple Packers? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Data | | | | | |
| Test Date: 4/29/14 | Well Status During Test: TA | Date of Last Approved MIT: 8/21/09 | Tubing Pressure Before Test: 0 | Initial Tubing Pressure: NA | Final Tubing Pressure: NA |
| Starting Casing Test Pressure: 350 | Casing Pressure - 5 Min: 350 | Casing Pressure - 30 Min: 350 | Final Casing Pressure: 350 | Pressure Loss or Gain During Test: 0 | |
| Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | OGCC Field Representative (Print Name): Susan Sherman | | |

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

☐ CBI 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: **D. Scott Stapp**

Signed: *[Signature]*

Title: **Agent**

Date: **03/26/2014**

OGCC Approval: *[Signature]*

Title: **Field Inspector**

Date: **4/29/14**

Conditions of Approval, if any: _____