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State of Colorado
Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

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.
- Duration of the pressure test must be a minimum of 15 minutes.
 - A pressure chart must accompany this report if this test was not witnessed by an OGCC representative.
 - For production wells, test pressures must be at a minimum of 300 psig.
 - Injection well tests must be witnessed by an OGCC representative.
 - New injection wells must be tested to maximum requested injection pressure.
 - For injection wells, test pressures must be at least 300 psig or average injection pressure, whichever is greater.
 - A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.
 - Do not use this form if submitting under provisions of Rule 326.a.(1) B. or C.
 - OGCC notification must be provided 10 days prior to the test via Form 42.
 - Packers or bridge plugs, etc., must be set within 100 feet of the perforated interval to be considered a valid test.

Complete the Attachment Checklist

OGCC Operator Number: <u>10084</u>	Contact Name and Telephone	Pressure Chart	Oper	OGCC
Name of Operator: <u>PIONEER NATURAL RESOURCES</u>	<u>JUDY GLINISTY</u>	Pressure Chart	<input checked="" type="checkbox"/>	
Address: <u>1401 17th Street Suite 1200</u>	No. <u>303-675-2658</u>	Cement Bond Log		
City: <u>DENVER</u> State: <u>CO</u> zip: <u>81202</u> Email:		Tracer Survey		
API Number: <u>05-071-08938</u> Field Name: <u>PURBATORNE RIVER</u> Field Number: <u>70830</u>	Number: <u>11-35</u>	Temperature Survey		
Well Name: <u>KEYSTONE</u>		Other Report 1		
Location (Grdtr, Sec, Twp, Rng, Meridian): <u>NW NW -35 - 32S - 68 W</u>		Other Report 2		

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

NA - Not Applicable	Wellbore Data at Time of 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>VER-J-VERNESTO</u>	<u>2140' - 2455'</u>	Bridge Plug or Cement Plug Depth	<u>Cement RETAINED @ 2100'</u>		
Tubing Casing/Annulus Test					
Tubing Size: <u>NONE</u>	Tubing Depth: <u>NONE</u>	Top Packer Depth: <u>NONE</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date	Well Status During Test	Date of Last Approved MIT	Casing Pressure Before Test	Initial Tubing Pressure	Final Tubing Pressure
<u>5-21-14</u>	<u>SI</u>			<u>0</u>	<u>0</u>
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Pressure	Pressure Loss or Gain During Test	
<u>510 PSI</u>	<u>510 PSI</u>	<u>510 PSI</u>	<u>510 PSI</u>	<u>0</u>	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OGCC Field Representative (Print Name): _____					

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: _____

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

Print Name: Jeff Shephard Title: Production Foreman Date: 5-21-14

Signed: Jeff Shephard

OGCC Approval: _____ Title: _____ Date: _____

Conditions of Approval, if any: _____