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Rev 3/13

# 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.
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. 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 326.a.(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.

Complete the  
Attachment Checklist

OGCC Operator Number: <u>7800</u>		Contact Name and Telephone	
Name of Operator: <u>Beren Corp</u>		<u>Elmer Fritzel</u>	
Address: <u>2020 N Bramblewood</u>		No: <u>970-768-0843</u>	
City: <u>Wichita</u> State: <u>KS</u> Zip: <u>67306</u>		Email:	
API Number: <u>12105192</u>	Field Name: <u>Bison</u>	Field Number: <u>6800</u>	
Well Name: <u>Scott</u>		Number: <u>1</u>	
Location (Qtr, Sec, Twp, Rng, Meridian): <u>NE1/4 45 53W</u>			

	Oper	OGCC
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

3-Year UIC Test

Verification of Repairs

Test to Maintain SI/TA Status

Tubing/Packer Leak

Reset Packer

Casing Leak

Other (Describe): \_\_\_\_\_

Describe Repairs: \_\_\_\_\_

NA - Not Applicable		Wellbore Data at Time of Test		Casing Test <input checked="" 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		
			Bridge Plug or Cement Plug Depth		
Tubing Casing/Annulus Test				<input type="checkbox"/> NA	
Tubing Size: <u>2.875</u>	Tubing Depth: <u>4106</u>	Top Packer Depth: <u>4106</u>	Multiple Packers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Data					
Test Date: <u>6/25/14</u>	Well Status During Test: <u>15</u>	Date of Last Approved MIT	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: <u>0-1</u>	Final Tubing Pressure: <u>-1</u>
Starting Casing Test Pressure: <u>350</u>	Casing Pressure - 5 Min.: <u>350</u>	Casing Pressure - 10 Min.: <u>350</u>	Final Casing Pressure: <u>350</u>	Pressure Loss or Gain During Test: <u>0</u>	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			OGCC Field Representative (Print Name): <u>Susan Sherman</u>		

### 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: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: President Agent

Date: 6-25-14

OGCC Approval: \_\_\_\_\_

Title: Field Inspector

Date: 6/25/2014

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