

FORM 21 Rev 098

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  
**RECEIVED**  
DEC - 1 2011  
**COGCC**

**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. For injection wells, test pressures must be at 300 psig or minimum injection pressure, whichever is greater.  
 5. A minimum 300 psi differential pressure must be maintained between the tubing and tubing/casing annulus pressure.  
 6. Do not use this form if submitting under provisions of Rule 326.s. (1) B. or C.  
 7. OGCC 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.

**Complete the Attachment Checklist**

	OGCC	OGCC
Pressure Chart		
Cement Bond Log		
Tracer Survey		
Temperature Survey		

OGCC Operator Number: 10084  
 Name of Operator: Pioneer Natural Resources  
 Address: 1401 17th St., Suite 1200  
 City: Denver State: CO Zip: 80202  
 Contact Name and Telephone: Judy Glinisty  
 No: 303-875-2658  
 Fax: 303-294-1275  
 API Number: 05-071-07889-0000 Field Name: Purgatoire River Field Number: 70830  
 Well Name: Burson Number: 31-8V  
 Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE Sec 8 T33S R67W

**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	<b>Wellbore Data at Time Test</b>	<b>Casing Test</b> <input type="checkbox"/> NA Use when perforations or open hole is isolated by bridge plug or cement plug Bridge Plug or Cement Plug Depth CIBP @ 2234'
Injection/Producing Zone(s) <u>Vermejo - VPMJ</u>	Perforated Interval: <input type="checkbox"/> NA    Open Hole Interval: <input checked="" type="checkbox"/> NA <u>2246'-2586'</u>	

<b>Tubing Casing/Annulus Test</b> <input checked="" type="checkbox"/> NA			
Tubing Size: <u>None</u>	Tubing Depth: <u>None</u>	Top Packer Depth: <u>NBAE</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>11-4-11</u>	<u>SI</u>	<u>-</u>	<u>0</u>	<u>-</u>	<u>-</u>	
Starting Casing Test Pressure	Casing Pressure - 5 Min.	Casing Pressure - 10 Min.	Final Casing Test Pressure	Pressure Loss or Gain During Test		
<u>390</u>	<u>390</u>	<u>390</u>	<u>390</u>	<u>S</u>		

Test Witnessed by State Representative?     YES     NO  
 OGCC Field Representative: \_\_\_\_\_

**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    Run Date: \_\_\_\_\_     CBL or Equivalent    Run Date: \_\_\_\_\_     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: Wes Williams

Signed: [Signature] Title: Pumper, E Date: 11-4-11

OGCC Approval: [Signature] Title: RPK Date: 12/7/2011

Conditions of Approval, if any: