

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. 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

	Oper	OGCC
Pressure Chart	✓	
Cement Bond Log		
Tracer Survey		
Temperature Survey		

OGCC Operator Number: 10071
 Name of Operator: Bill Barrett Corporation
 Address: 1099 18th Street, Suite 2300
 City: Denver State: CO Zip: 80202
 Contact Name and Telephone: Brady Riley
 No: 303-312-8115 Fax: 303-291-0420
 API Number: 05 - 083 - 06637 - 00 Field Name: DEIRO Field Number: 68258
 Well Name: KOSKIE-BRUMLEY DRAW Number: 15H-27-38-16
 Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE Sec. 27, T38N, R16 W

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: Maintain SI Status - 7" casing test

Wellbore Data at Time Test		Casing Test <input type="checkbox"/> NA	
Injection/Producing Zone(s): <u>605H</u>	Perforated 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	
	Open Hole Interval: <input checked="" type="checkbox"/> NA		

Tubing Casing/Annulus Test <input type="checkbox"/> NA			
Tubing Size: <u>2.375</u>	Tubing Depth: <u>N.A.</u>	Top Packer Depth: <u>4792'</u>	Multiple Packers? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Test Data					
Test Date: <u>9/17/14</u>	Well Status During Test: <u>SI</u>	Date of Last Approved MIT: <u>N.A.</u>	Casing Pressure Before Test: <u>0</u>	Initial Tubing Pressure: <u>1075</u>	Final Tubing Pressure: _____
Starting Casing Test Pressure: <u>501 psi</u>	Casing Pressure - 5 Min: <u>493 psi</u>	Casing Pressure - 10 Min: <u>489 psi</u>	Final Casing Test Pressure: <u>486 psi</u>	Pressure Loss or Gain During Test: <u>-15 psi</u>	
Test Witnessed by State Representative? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			OGCC Field Representative: <u>Joe Mackinnon</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.

<input type="checkbox"/> Tracer Survey Run Date: _____	<input type="checkbox"/> CBL or Equivalent Run Date: _____	<input type="checkbox"/> Temperature Survey Run Date: _____
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Kerry Eldridge

Signed: [Signature] Title: Area Sup. Date: 9-17-14

OGCC Approval: [Signature] Title: SW Fielding Date: 9/17/14

Conditions of Approval, if any: Raw test for additional 5 min (20/484 psi)