

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

OGCC Operator Number: 10071		Contact Name and Telephone	
Name of Operator: Bill Barrett Corporation		Brady Riley	
Address: 1099 18th Street, Suite 2300		No: 303-312-8115	
City: Denver	State: CO	Zip: 80202	Fax: 303-291-0420
API Number: 05 - 033 - 06145 - 00		Field Name: <u>Solo Lobo</u>	Field Number: <u>77631</u>
Well Name: NEELY		Number: 13H-7-39-17	
Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW Sec. 7, T39N, R17 W			

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

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

NA - Not Applicable	Wellbore Data at Time Test	
Injection/Producing Zone(s) <u>605H</u>	Perforated Interval: <input type="checkbox"/> NA	Open Hole Interval: <input checked="" type="checkbox"/> NA
	<u>Horizontal</u>	

Casing Test <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>2.375</u>	Tubing Depth: <u>5364'</u>	Top Packer Depth: <u>5078'</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>19 PSI</u>	Final Tubing Pressure <u>19 PSI</u>
Starting Casing Test Pressure <u>497 PSI</u>	Casing Pressure - 5 Min. <u>490 PSI</u>	Casing Pressure - 10 Min. <u>488 PSI</u>	Final Casing Test Pressure <u>487 PSI</u>	Pressure Loss or Gain During Test <u>-10 PSI</u>	

Test Witnessed by State Representative? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OGCC Field Representative: <u>Steve Malcom</u>
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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	<input type="checkbox"/> CBL or Equivalent	<input type="checkbox"/> 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: Kory Eldridge

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

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

Conditions of Approval, if any: _____